

Health Care in Massachusetts: Key Indicators

May 2009

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Commonwealth of Massachusetts
Timothy P. Murray
Lieutenant Governor



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Executive Office of Health and Human Services
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Key Indicators

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About this Report

Health Care in Massachusetts: Key Indicators is a quarterly report from the Division of Health Care Finance and Policy. *Key Indicators* provides an overview of the Massachusetts health care landscape through data reported by providers, health plans, government, and surveys of Massachusetts residents and employers.

In this edition of *Health Care in Massachusetts: Key Indicators*, the Division found that since the implementation of health reform over 428,000 additional people have obtained health insurance. Nearly half of that growth (190,000) has been in private group coverage (i.e., through employers) or individual purchase.

New to this edition are detailed charts with additional information on health insurance coverage by insurer and the distribution of fully- and self-insured products in the market. An examination of the change in profit margins for health plans over the past two years and additional measures from the Division's household survey have been added to this report as well.

This edition also includes updates of the following: cost trends in health insurance premiums compared to the Commonwealth Health Insurance Connector Authority's affordability schedule for 2009, health plan financial performance for calendar year 2008, acute hospital financial performance for fiscal year 2008, and other indicators of health care in Massachusetts. New data are currently unavailable for the employer survey, Uncompensated Care Pool and Health Safety Net, community health center financial performance, access to health care measures from the Division's household survey, and access to health care measures from the Behavioral Risk Factor Surveillance System (BRFSS) survey; these pages are carried over from the previous edition.

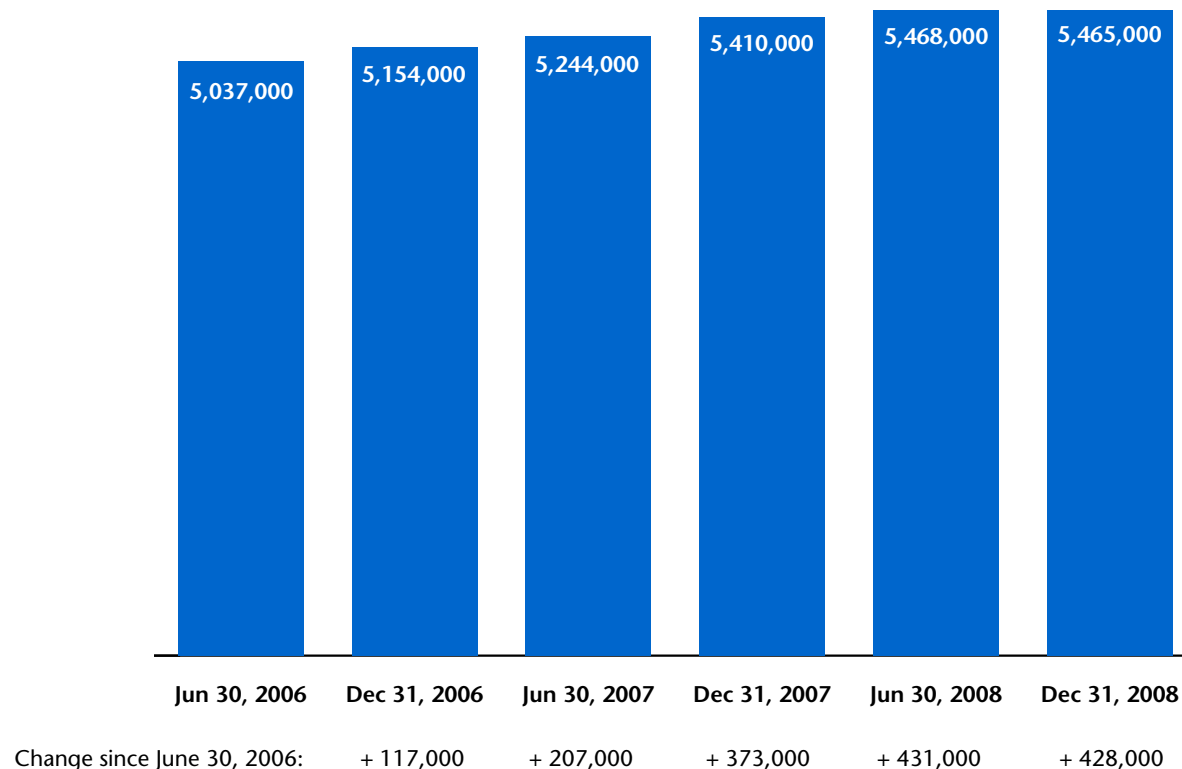
The Division would like to thank Nancy Turnbull of the Harvard School of Public Health for her strategic and analytic support in the conception and development of this report, and staff at the Department of Public Health, including Monica Valdes Lupi, Bruce B. Cohen, Gerald O'Keefe, and Zi Zhang (formerly of DPH) for their significant contributions to the health care access section. We also thank Anthony Kariuki, Robin Callahan and Ben Walker from the Office of Medicaid, Kaitlyn Kenney at the Commonwealth Health Insurance Connector Authority, Randy Garten from the Executive Office of Elder Affairs, Nancy Schwartz and Suzanne Bailey at the Division of Insurance, and Catherine Moore at the Group Insurance Commission for their support and review of the data. Finally, we thank the staff at the health plans for their continued timely responses to our requests for enrollment data.

Contributing Staff: Tracey Siegrist, Rebecca Balder, Mary Byrnes, Frederick Duah, Stacey Eccleston, Linda Green, Han Huang, Steve McCabe, Caroline Minkin, Kate Nordahl, Peg O'Brien, Ron Tam, and Cindy Wacks.

People with Health Insurance

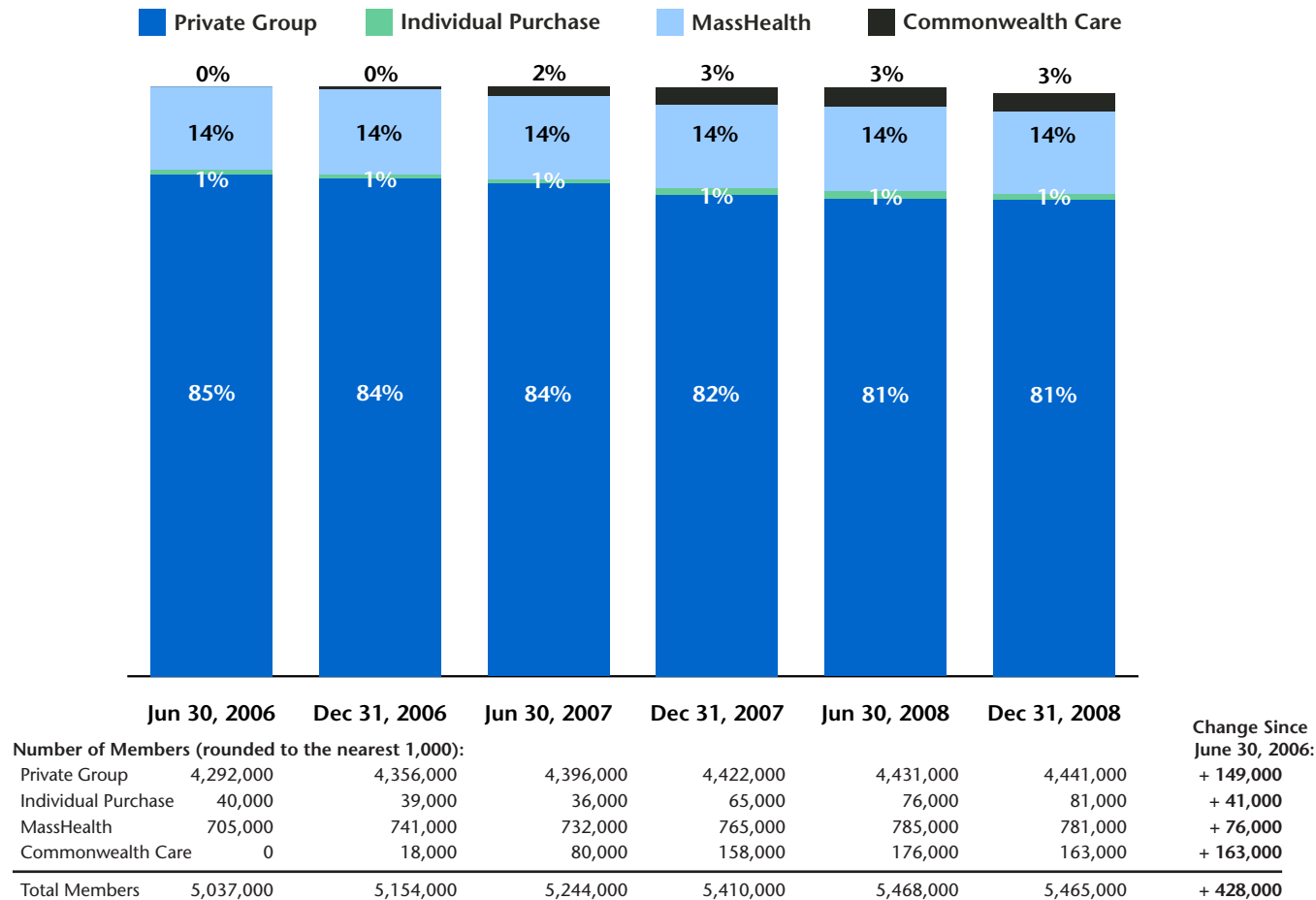
Excludes Medicare Enrollees

The number of people enrolled in private or subsidized health insurance plans has increased by 428,000 since health care reform was implemented. Enrollment growth declined slightly between June 30, 2008 and December 31, 2008, attributable to a decline in MassHealth and Commonwealth Care enrollment.



Notes: Data reflect total enrollment, rounded to the nearest thousand, as of the specified date. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, Health Markets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Network Health, Tufts, Unicare (GIC) and United HealthCare. GIC may include a small number of enrollees who are not Massachusetts residents and data are reported as of September 30, 2008. Data exclude the following insured Massachusetts residents: federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only, and inmates of the Department of Correction. Numbers may not match previous editions of Key Indicators, as health plans may revise enrollment information in previous quarters. Sources: Membership reported to DHCFP by health plans, MassHealth, and the Group Insurance Commission; Commonwealth Care enrollment data are from the Commonwealth Health Insurance Connector Authority.

Insured Population by Type of Insurance Excludes Medicare Enrollees

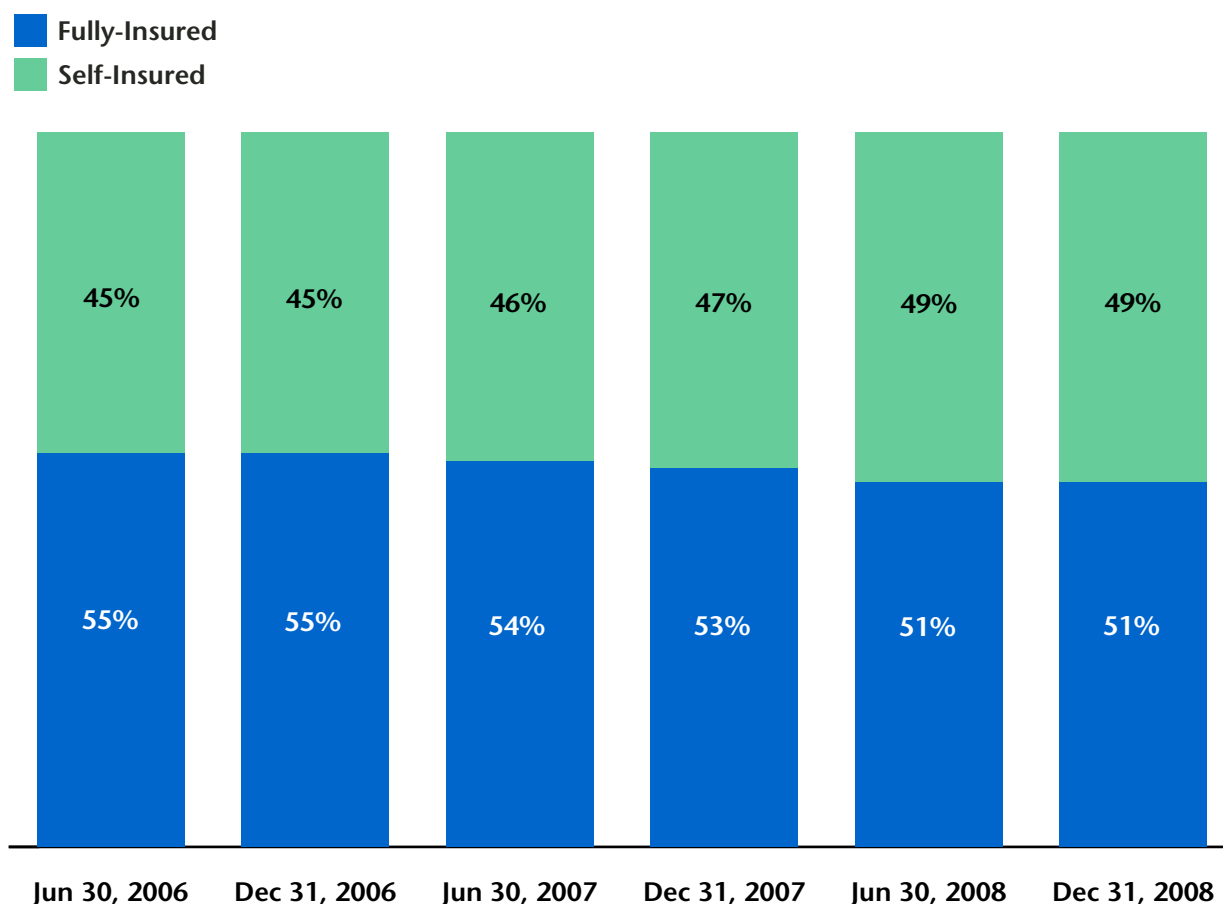


Since implementation of health care reform, enrollment in private insurance has grown by 190,000, accounting for 45% of the total growth in coverage.

Notes: Private group includes large group, small group, and self-insured. Individual purchase includes Commonwealth Choice and residual non-group market. Since 6/30/06 the MassHealth caseload grew by an additional 34,000 members (not included in MassHealth enrollment above) with partial coverage or premium assistance, such as Seniors, MassHealth Limited, individuals with third party liability (e.g. disabled with Medicare), and Family Assistance/Insurance Partnership (these members are counted in the private plans). Commonwealth Care includes enrollment in Boston Medical Center HealthNet Plan, Fallon, Neighborhood Health Plan, and Network Health. Data reflect total enrollment, rounded to the nearest thousand, as of the specified date. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, Health Markets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Network Health, Tufts, Unicare (GIC) and United HealthCare. GIC may include a small number of enrollees who are not Massachusetts residents and data are reported as of September 30, 2008. Data exclude the following insured Massachusetts residents: federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only and inmates of the Department of Correction. Numbers may not match previous editions of Key Indicators, as health plans may revise enrollment information in previous quarters. Numbers may not sum due to rounding.

Sources: Membership reported to DHCFP by health plans, MassHealth, and the Group Insurance Commission; Commonwealth Care enrollment data are from the Commonwealth Health Insurance Connector Authority.

Private Group Enrollment Excludes Medicare Advantage



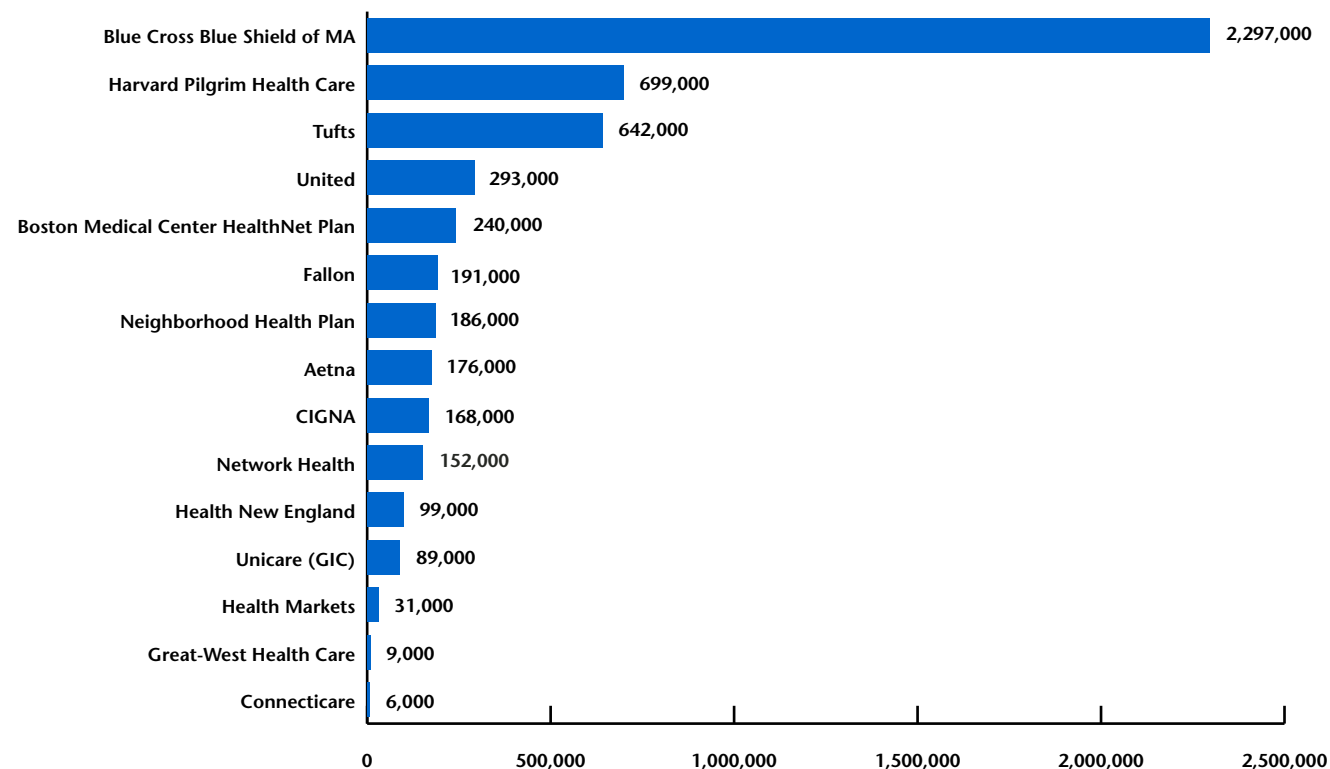
Self-insured products are an arrangement in which an employer provides health benefits to employees and assumes the insurance risk for claims payment. The health plan acts as a third party administrator and is not at risk for medical costs.

Membership in self-insured products accounts for 49% of enrollment in private group insurance.

Notes: Data reflect enrollment in large and small group health insurance, rounded to the nearest thousand, as of the specified date. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, Health Markets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, Neighborhood Health Plan, Tufts and Unicare (GIC). GIC may include a small number of enrollees who are not Massachusetts residents and data are reported as of September 30, 2008. United HealthCare does not report information on fully- and self-insured membership and data are not included on this page. Numbers may not sum due to rounding. Sources: Membership reported to DHCFP by health plans and the Group Insurance Commission.

Enrollment by Insurer as of Dec 31, 2008

Includes Medicare Advantage



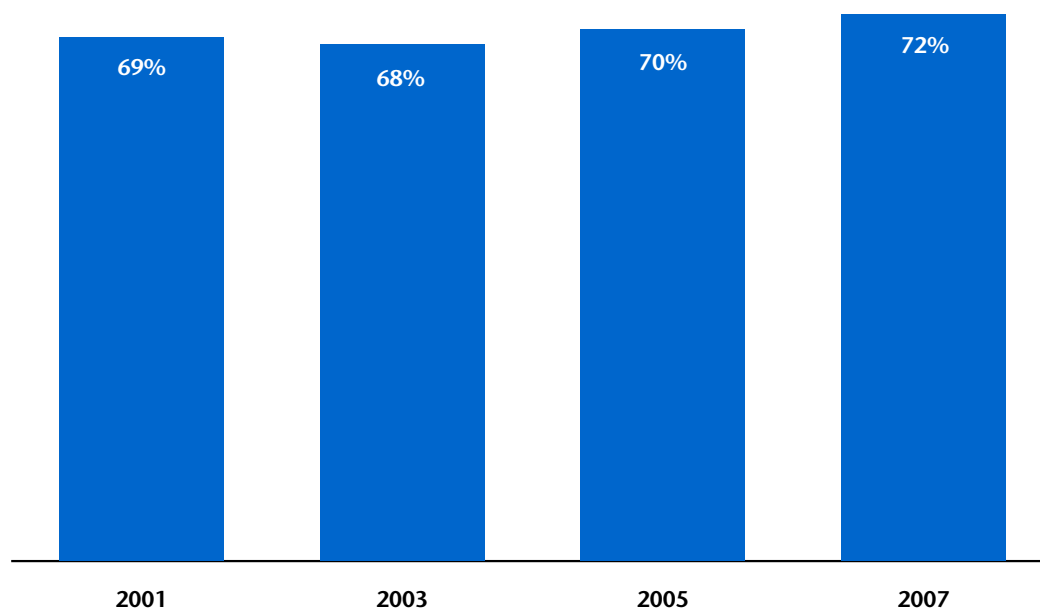
Enrollment figures by insurer include all Massachusetts residents enrolled in health insurance products offered by the identified insurer and its affiliates. MassHealth, Medicare Advantage and Commonwealth Care enrollment are included in addition to fully- and self-insured group and direct purchase products.

Blue Cross Blue Shield plans provide coverage to approximately 44% of Massachusetts residents insured in the private market.

Notes: Data reflect total enrollment as of December 31, 2008. Figures by plan include Massachusetts residents who are enrolled in health insurance products administered by the listed insurer and all of its affiliates. Enrollment includes group, non-group, Commonwealth Choice direct purchase, FEHBP, student health insurance, MassHealth, Medicare Advantage, Commonwealth Care, fully- and self-insured members. Products offering limited health benefits or supplemental coverage are not included. Joint ventures between health plans are reported by the primary administrator. Blue Cross Blue Shield includes HMO Blue, BCBSMA, Massachusetts residents enrolled in out-of-state association plans that subcontract with BCBSMA and Massachusetts residents enrolled in other out-of-state association plans. Unicare (GIC) may include a small number of enrollees who are not Massachusetts residents and data are reported as of September 30, 2008. Numbers are rounded to the nearest thousand and may not sum to totals presented on pages 3 and 4 of this report. DHCFP identifies self-insured members and enrollment in affiliated plans, and numbers are not comparable to enrollment or financial information reported in quarterly and annual statements by health maintenance organizations to the Massachusetts Division of Insurance. Sources: Membership reported to DHCFP by health plans, MassHealth, the Commonwealth Health Insurance Connector Authority and the Group Insurance Commission.

Employers Offering Health Insurance

Percent of Employers



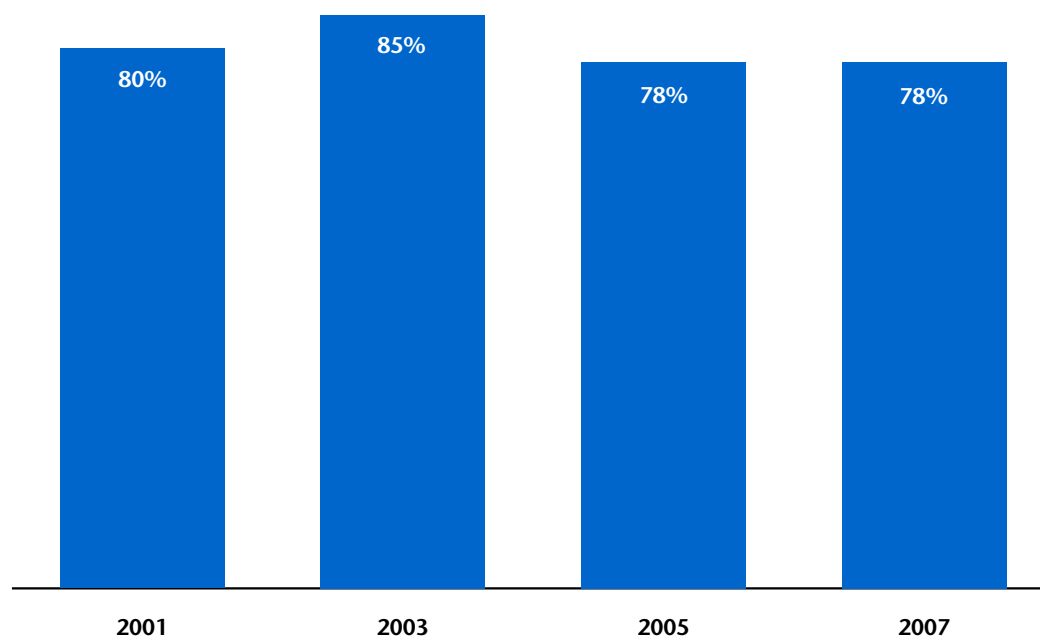
Nearly three-quarters of Massachusetts employers offer health insurance to their employees. The Massachusetts employer offer rate has held steady, even as the employer offer rate declined nationally from 68% to 60% between 2001 and 2007, as reported in the Kaiser/HRET survey.

Note: The changes from year to year are not statistically significant.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, and 2007. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2007.

Employees Enrolled in Health Insurance

Percent of Eligible Employees



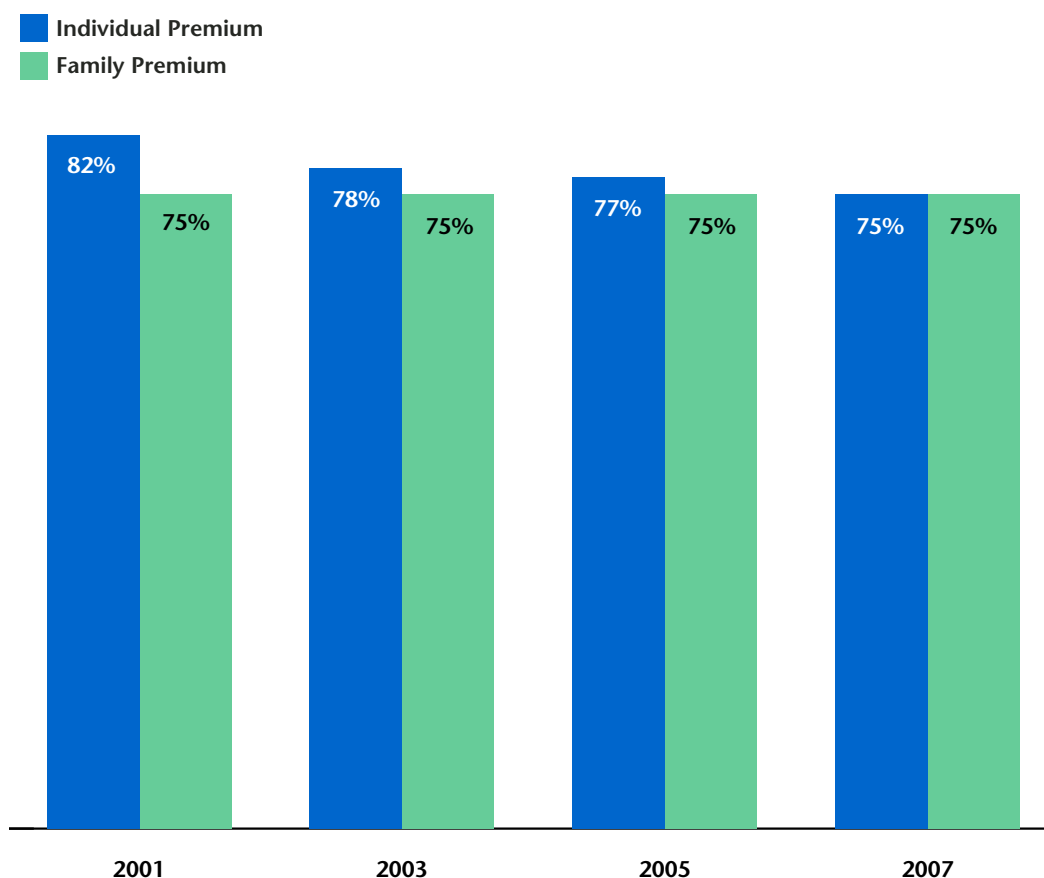
More than three-quarters of employees eligible for health insurance enrolled in their employer's health plan in 2007. Nationally, the take-up rate for employees eligible for health insurance was 82% in 2007 as reported in the Kaiser/HRET survey. While Massachusetts employers are more likely to offer coverage than employers nationwide, employees are less likely to enroll.

Note: Data reflect medians.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, and 2007. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2007.

Employer Contributions to Health Insurance

Percent of Individual and Family Premiums

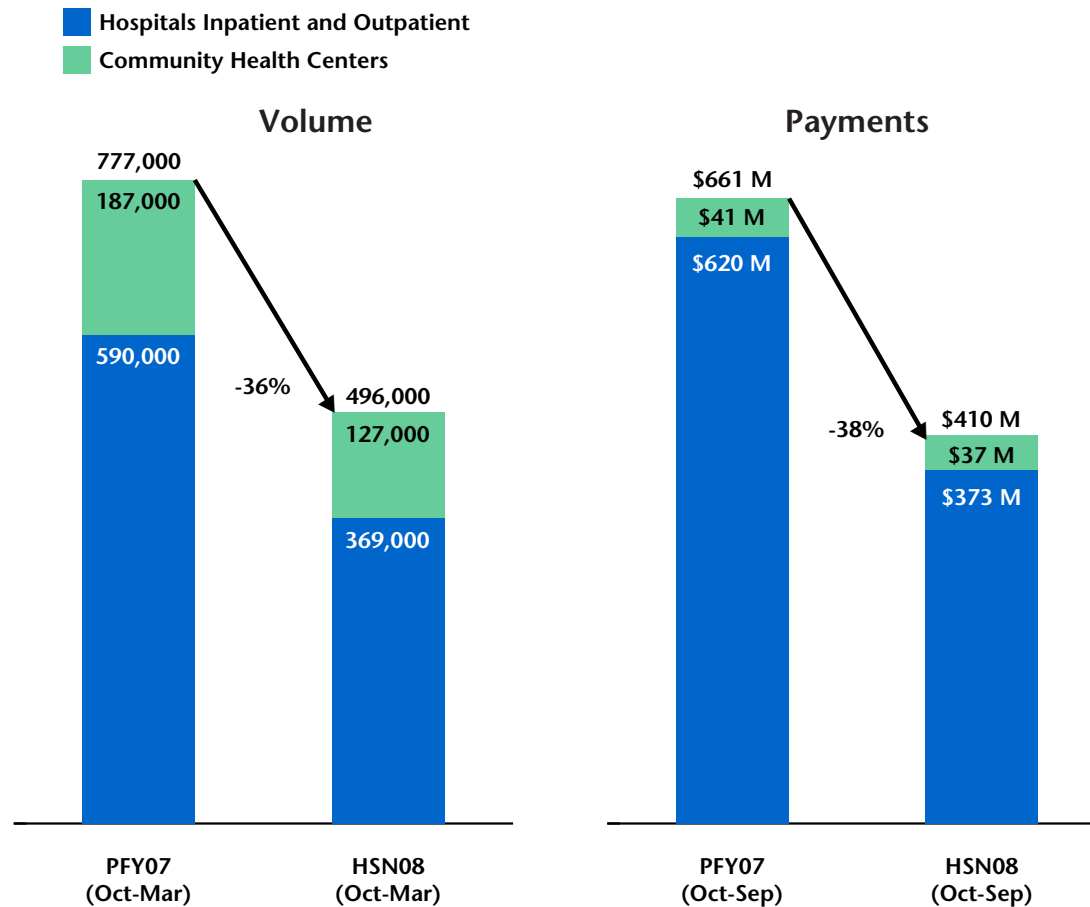


Most Massachusetts employers contribute at least 75% toward their employees' health insurance premiums. While Massachusetts employers' contributions are comparable to employers nationwide for family plans (75% in Massachusetts versus 73% nationally as reported in the 2007 Kaiser/HRET survey), contributions are significantly lower for individual plans (75% in Massachusetts versus 85% nationally).

Note: Data reflect medians.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, and 2007. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2007.

UCP and HSN Volume and Payments for Hospitals and Community Health Centers



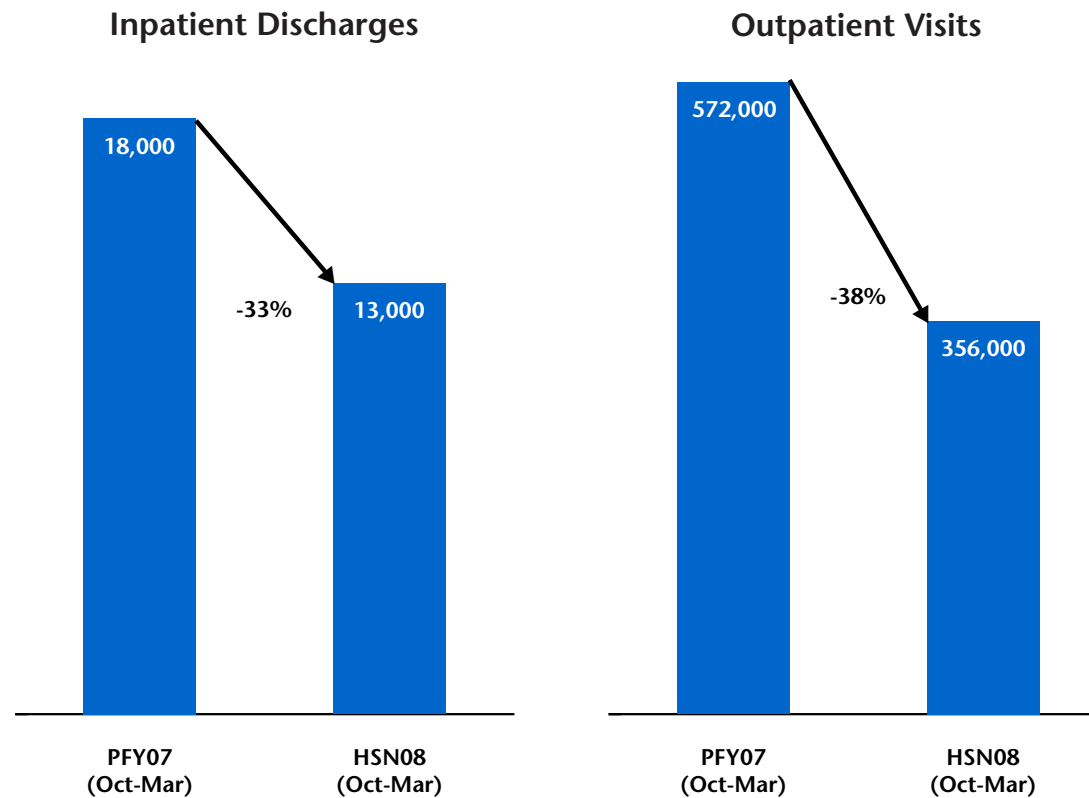
Notes: The Uncompensated Care Pool fiscal year (PFY) and the Health Safety Net fiscal year (HSN) run from October 1 through September 30 of the following year. Payment data are reported for the full 12 months of PFY07 and HSN08. In order to transition to a claims based payment system, the first six months of HSN08 service volume (October through March) were used as the basis for the full HSN08 payment. Service volume in each payment month for HSN08 included HSN adjudicated claims for services provided and emergency room bad debt claims written off by providers in the same period. Volume data are reported for the first six months (October through March) of PFY07, and HSN08. Hospital volume includes Health Safety Net adjudicated claims for services provided and emergency room bad debt claims written off by providers in the same period. It excludes pharmacy claims. Community health center service volume is based on services provided to individuals during the first six months of HSN08 (October through March). Services provided in PFY07 to individuals deemed retroactively eligible for HSN are included in HSN08 rather than PFY07. Numbers may not sum due to rounding.
Source: DHCFP Health Safety Net Data Warehouse as of 10/29/08.

Health Safety Net (HSN) volume for hospitals and community health centers declined by 36% in the first six months of HSN08 compared to the same period in the prior year of the Uncompensated Care Pool (UCP). Payments declined by 38% when comparing the entire 12 months of PFY07 and HSN08.

Payments for HSN08 are based on actual service volume from October 1, 2007 through March 31, 2008.

Hospital Volume

Inpatient Discharges and Outpatient Visits

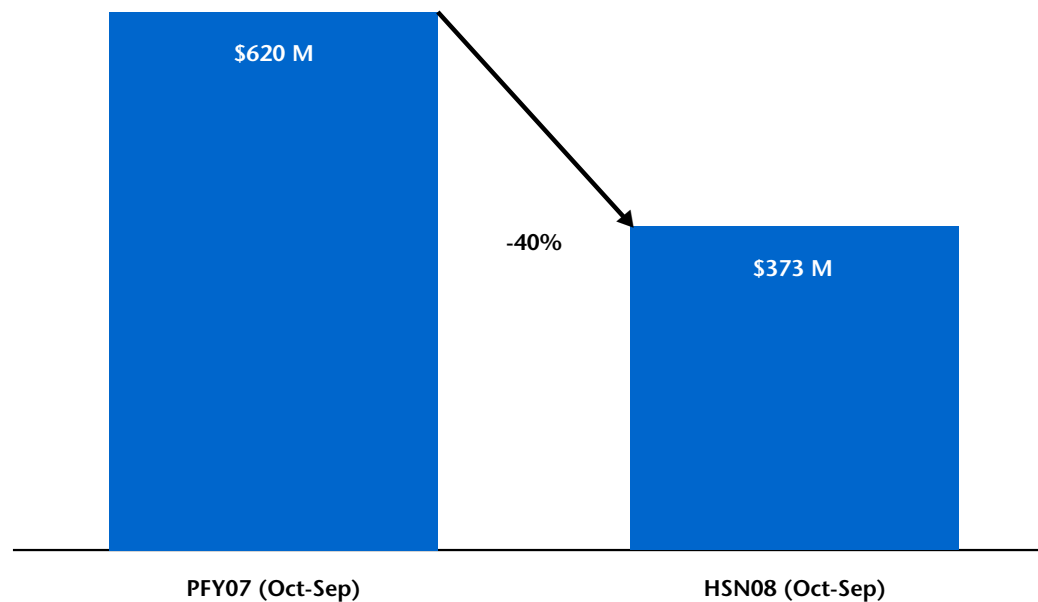


The total number of hospital inpatient discharges and outpatient visits billed to the Health Safety Net in the first six months of HSN08 declined by approximately 37% overall compared to the same period in the prior year of the Uncompensated Care Pool.

Notes: The Uncompensated Care Pool fiscal year (PFY) and the Health Safety Net fiscal year (HSN) run from October 1 through September 30 of the following year. Volume data are reported for the first six months (October through March) of PFY07 and HSN08. Hospital volume includes Health Safety Net adjudicated claims for services provided and emergency room bad debt claims written off by providers in the same period. It excludes pharmacy claims.
Source: DHCFP Health Safety Net Data Warehouse as of 10/29/08.

Hospital Payments

Inpatient and Outpatient



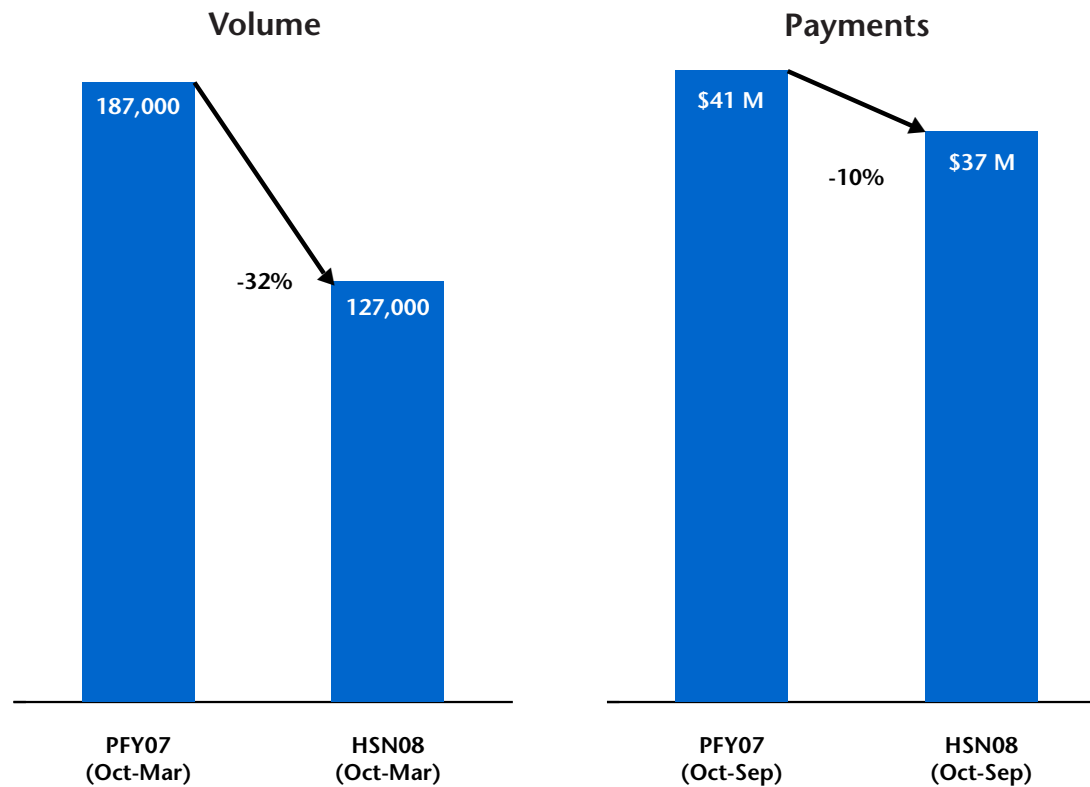
Hospital payments decreased 40% in HSN08 compared to the same period from the prior year of the Uncompensated Care Pool.

Payments for HSN08 are based on actual service volume from October 1, 2007 through March 31, 2008.

Notes: The Uncompensated Care Pool fiscal year (PFY) and the Health Safety Net fiscal year (HSN) run from October 1 through September 30 of the following year. Payment data are reported for the full 12 months of PFY07 and HSN08. In order to transition to a claims based payment system, the first six months of HSN08 service volume (October through March) were used as the basis for the full HSN08 payment. Service volume in each payment month for HSN08 included HSN adjudicated claims for services provided and emergency room bad debt claims written off by providers in the same period.

Source: DHCFP Health Safety Net Data Warehouse as of 10/29/08.

CHC Volume and Payments in PFY07 and HSN08



Community health center (CHC) Health Safety Net visit volume decreased by 32% in the first six months of HSN08 compared to the same period in the prior year of the Uncompensated Care Pool.

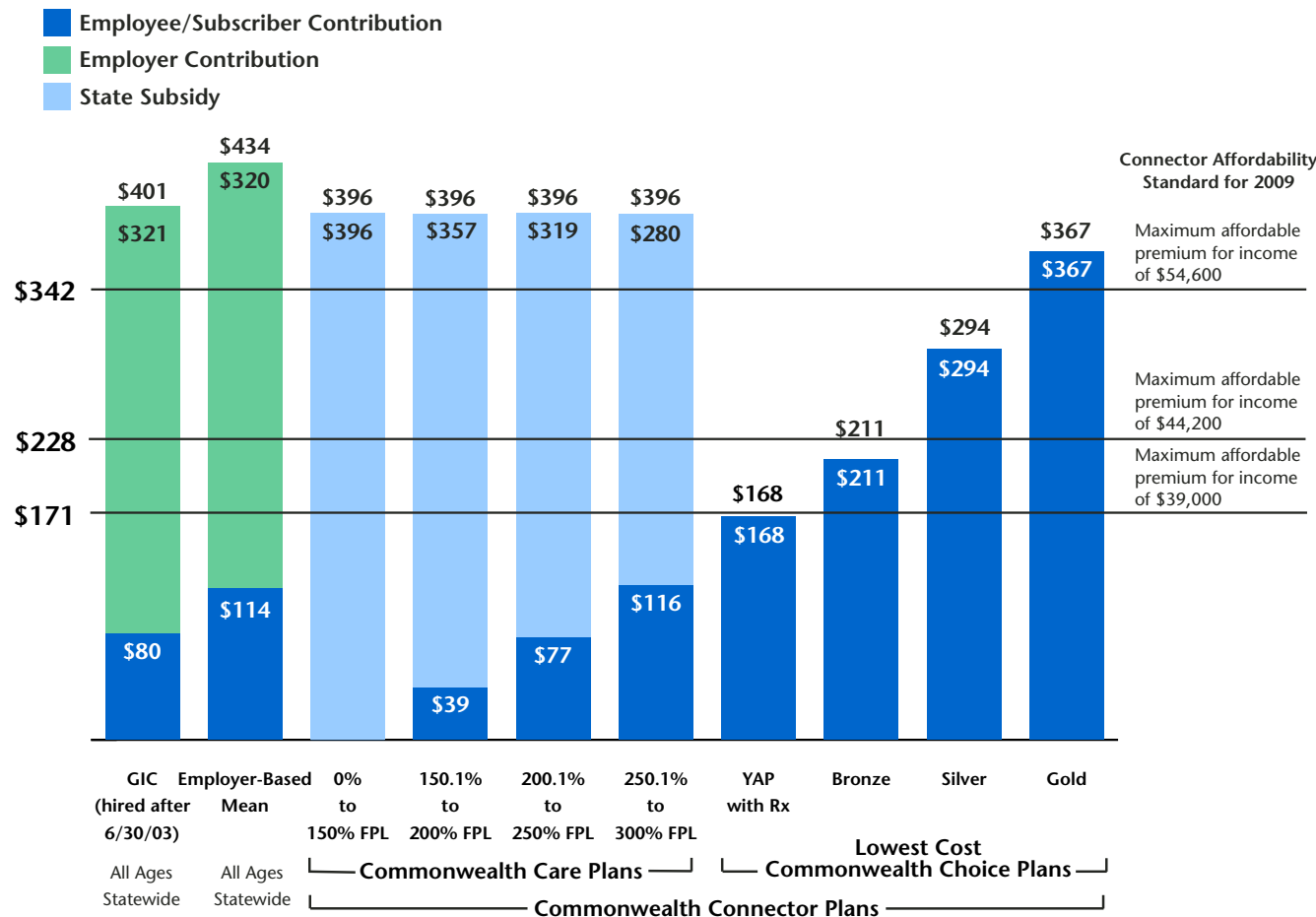
CHC payments decreased by 10% in HSN08 compared to the prior year of the Uncompensated Care Pool.

Payments for HSN08 are based on actual service volume from October 1, 2007 through March 31, 2008.

Notes: Health Safety Net fiscal year 2008 (HSN08) community health center (CHC) payments are based on the service volume provided to HSN eligible individuals two months prior to the month of payment. CHC service volume is reported on a Payment Reporting Form (PRF), submitted to the Division 45 days after the close of the month in which services were delivered. CHC volume is the sum of visits to CHC providers and is based on the services provided to HSN eligible individuals in the months of October through March. Source: DHCFP Health Safety Net Data Warehouse as of 10/29/08.

Monthly Cost of Health Insurance

Employer and Connector Plans for Individuals



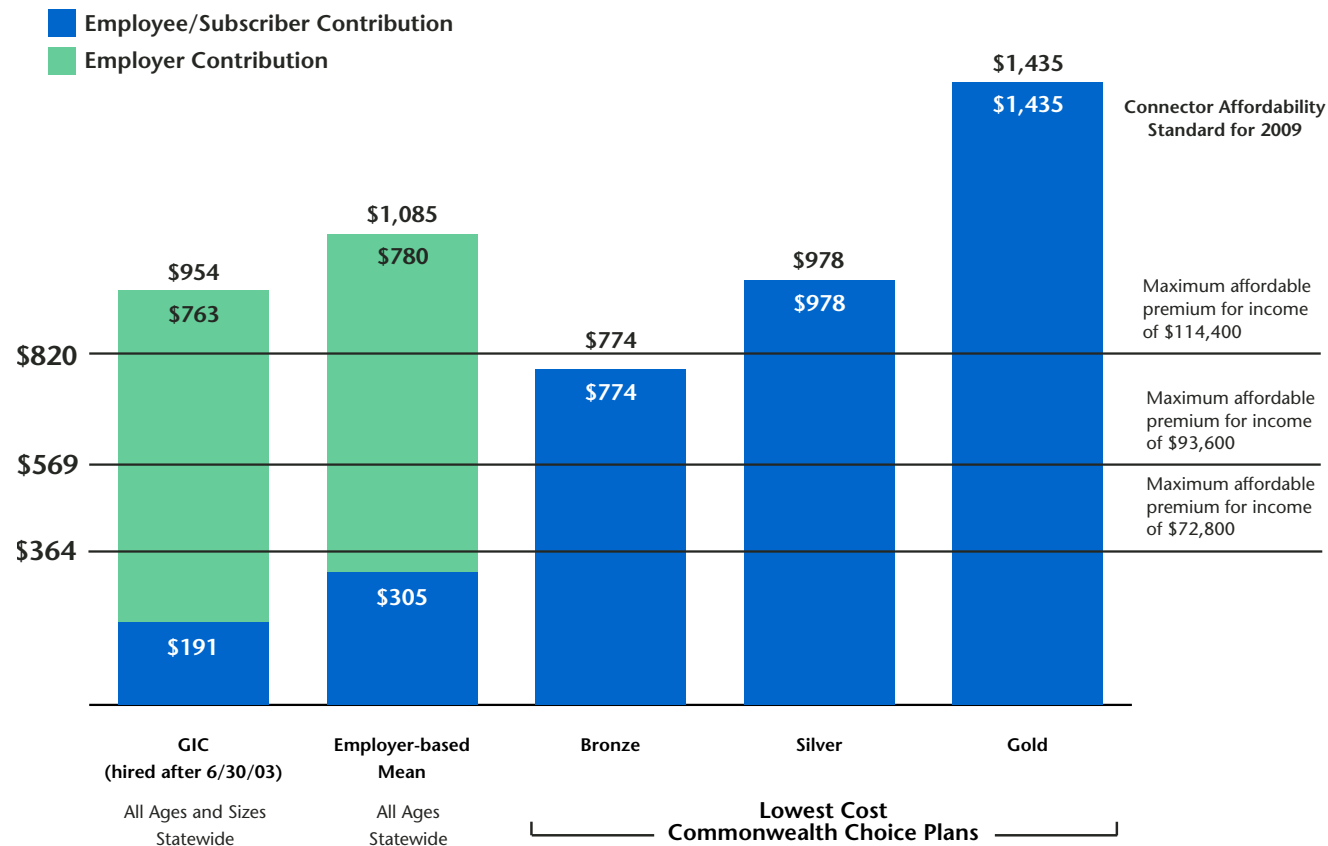
Subscriber contributions to Commonwealth Care plans compare favorably to the average employee contribution for employer-based coverage estimated in the 2007 Employer Survey.

These premiums were compared to the affordability schedule that was established by the Commonwealth Health Insurance Connector Authority effective for the calendar year 2009. For more details, please visit: www.mahealthconnector.org.

Notes: The calculation of mean premiums for private, employer-based insurance does not include premiums paid by government employees. Commonwealth Care premiums reflect average composite capitation rates for the total Commonwealth Care population. There is variation in actual capitation amounts across plan types and managed care organizations based on member demographics. The premium for Commonwealth Choice YAP with Rx plan was calculated for a 25-year-old individual living in Boston. Premiums for Commonwealth Choice Bronze, Silver, and Gold are the lowest priced plans available for a 35-year-old individual living in Boston. All Bronze, Silver and Gold plans include Rx. Data are rounded to the nearest whole dollar. Sources: 2008-2009 GIC Benefit Decision Guide; 2007 DHCFP Employer Survey; Connector Affordability Schedule for 2009; Commonwealth Health Insurance Connector Authority for Commonwealth Choice plan premiums effective May 1, 2009 and Commonwealth Care premiums effective beginning July 1, 2008.

Monthly Cost of Health Insurance

Employer and Connector Plans for Families



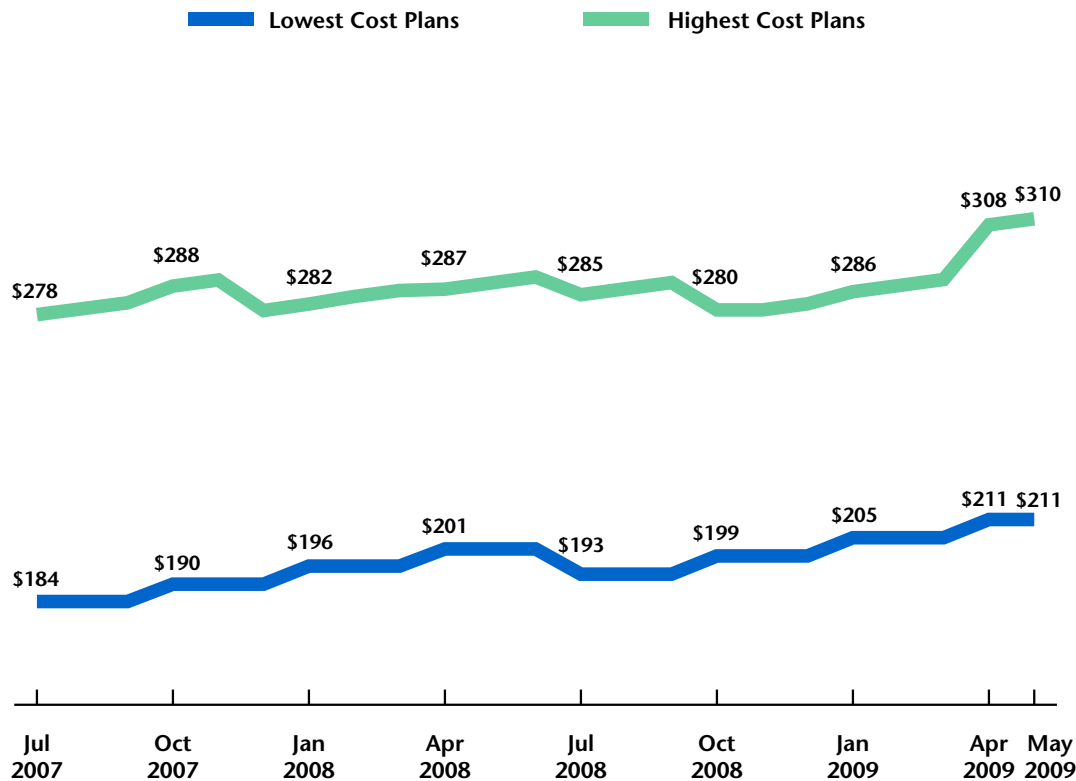
Commonwealth Choice premium contributions for families are higher than the average employee contribution for employer-based family coverage estimated in the 2007 Employer Survey.

These premiums were compared to the affordability schedule that was established by the Commonwealth Health Insurance Connector Authority effective for the calendar year 2009. For more details, please visit: www.mahealthconnector.org.

Notes: Commonwealth Care plans provide coverage for adult individuals only and, therefore, do not have family plans. The calculation of mean premiums for private employer-based insurance does not include premiums paid by government employees. Premiums for Commonwealth Choice Bronze, Silver, and Gold plans are the lowest price for a family of four, with two 35-year-old parents and two children living in Boston. All Bronze, Silver and Gold plans include Rx. Data are rounded to the nearest whole dollar.
 Sources: 2008-2009 GIC Benefit Decision Guide; 2007 DHCFP Employer Survey; Connector Affordability Schedule for 2009; Commonwealth Health Insurance Connector Authority for Commonwealth Choice plan premiums effective May 1, 2009.

Commonwealth Choice Bronze Premiums

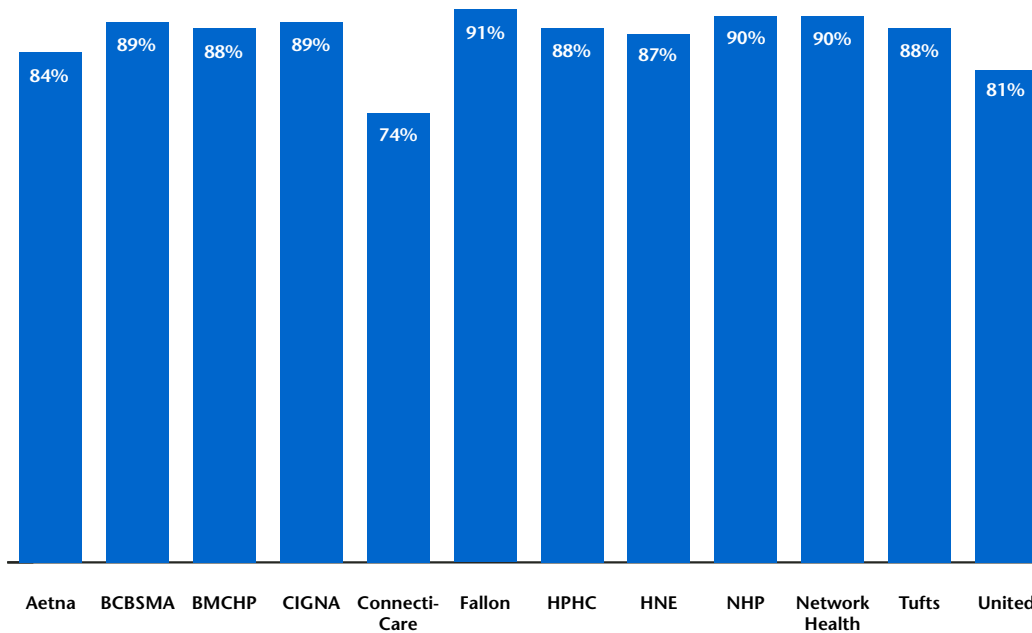
Highest and Lowest Cost Plans (with Rx Coverage)



The lowest cost Commonwealth Choice Bronze monthly premiums have increased by 15% since July 1, 2007. The highest cost premiums have increased by 11% during the same time period.

Notes: Premiums are for a 35-year-old individual living in Boston. As of May 2009, Bronze products are no longer offered without Rx.
Source: Commonwealth Health Insurance Connector Authority.

Medical Expense Ratio by Health Plan for Calendar Year 2008

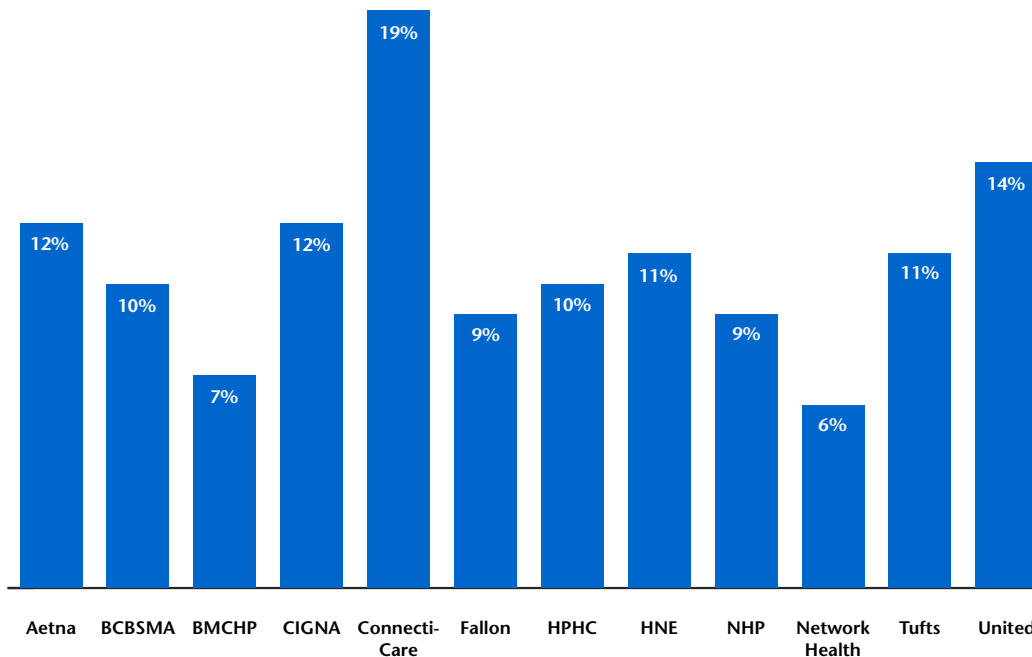


Health plans spent between 74% and 91% of total health care related revenue on medical services provided to members in calendar year 2008.

Notes: Medical expense ratio is calculated by dividing the total hospital and medical expenses by revenue. In accordance with NAIC reporting standards, revenue here includes premium income and aggregate write-ins for other health care related revenues. It does not include write-ins for non-health revenues or investment income. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately \$41 million for supplemental payments (Section 122) reported as other health care related income in calendar year 2008. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.

Sources: Division of Insurance annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

Administrative Expense Ratio by Health Plan for Calendar Year 2008



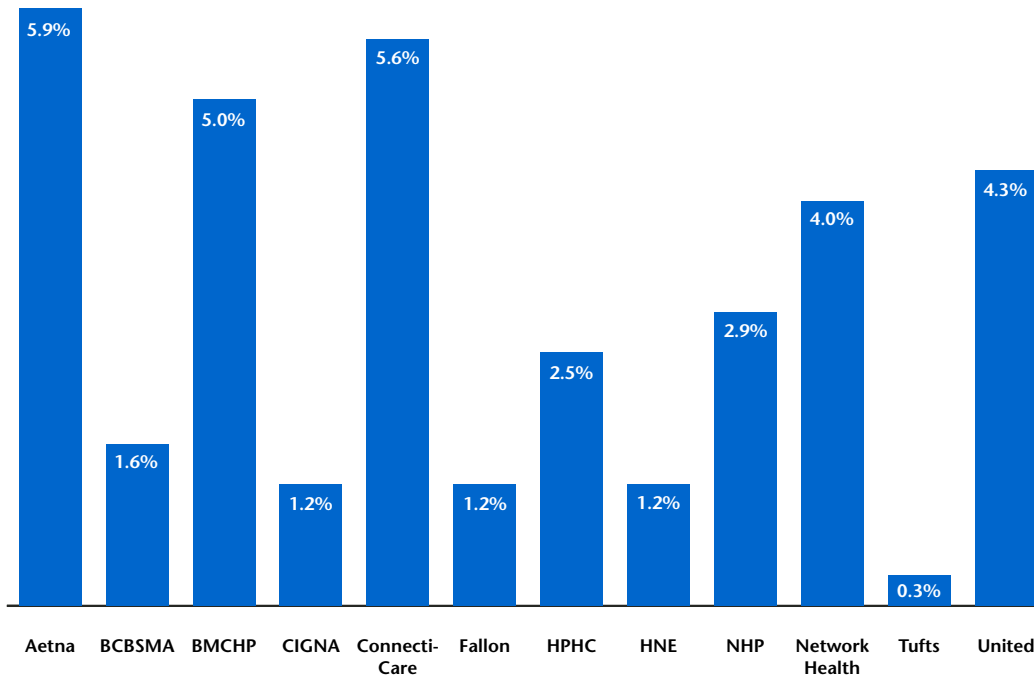
Health plans spent between 6% and 19% of total health care related revenue on administrative expenses including staff, claims processing, rent and clinical oversight in the calendar year 2008.

Notes: Administrative expense ratio is calculated by dividing the total administrative expenses (including claims adjustment and general administrative expenses) by revenue. In accordance with NAIC reporting standards, revenue here includes premium income and aggregate write-ins for other health care related revenues. It does not include write-ins for non-health revenues or investment income. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately \$41 million for supplemental payments (Section 122) reported as other health care related income in calendar year 2008. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.

Sources: Division of Insurance annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

Profit Margin

by Health Plan for Calendar Year 2008



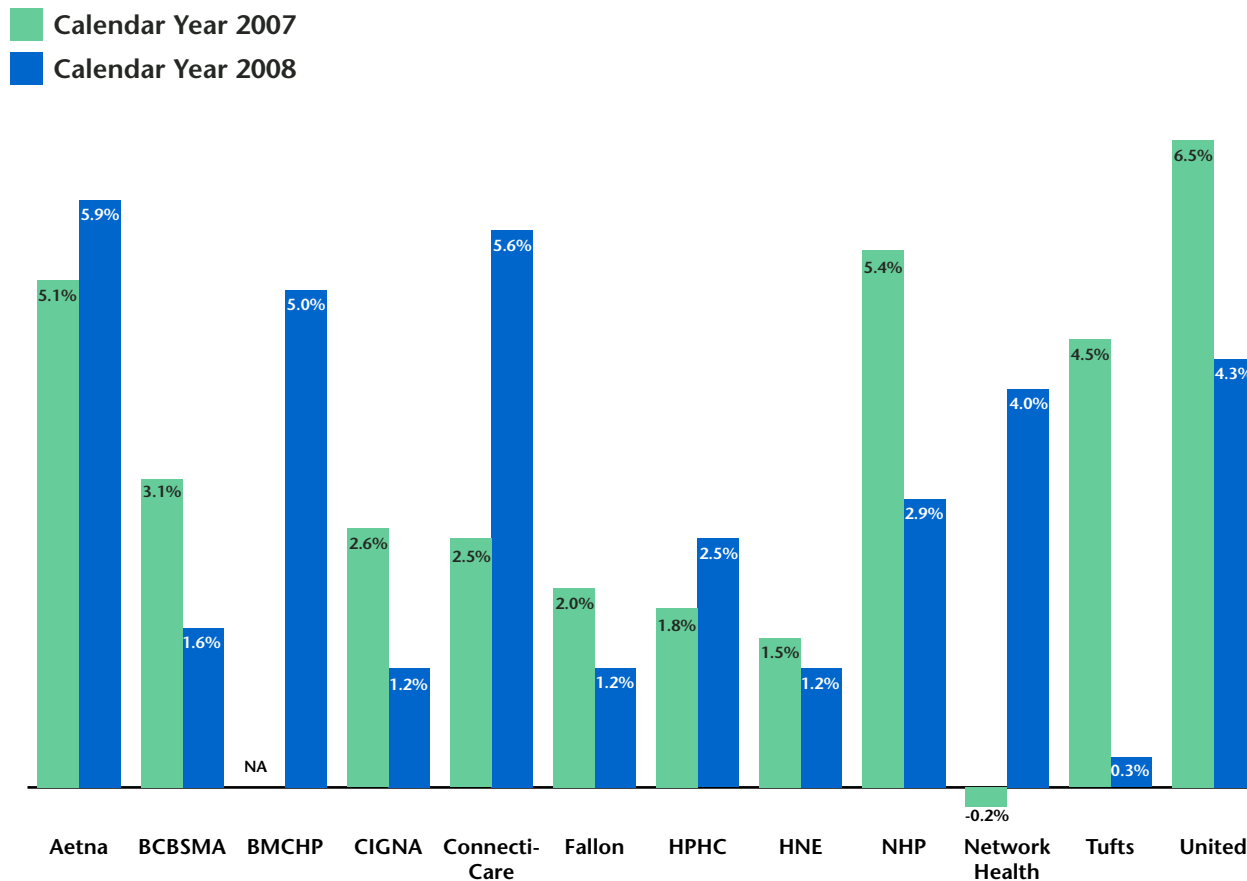
Profit margin represents the resources available to the plan for other purposes after paying medical claims and administrative costs. Profit margins varied widely across plans in calendar year 2008.

Notes: Profit margin is calculated by dividing net income by total revenue. Total revenue here includes premium income, aggregate write-ins for other health care related revenues, and investment gain/loss. It does not include write-ins for non-health revenues. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately \$41 million for supplemental payments (Section 122) reported as other health care related income in calendar year 2008. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.

Sources: Division of Insurance annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

Profit Margin

by Health Plan for Calendar Year 2007 and 2008



Notes: Profit margin is calculated by dividing net income by total revenue. Total revenue here includes premium income, aggregate write-ins for other health care related revenues, and investment gain/loss. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. It does not include write-ins for non-health revenues. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately \$41 million for supplemental payments (Section 122) reported as other health care related income in calendar year 2008. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.

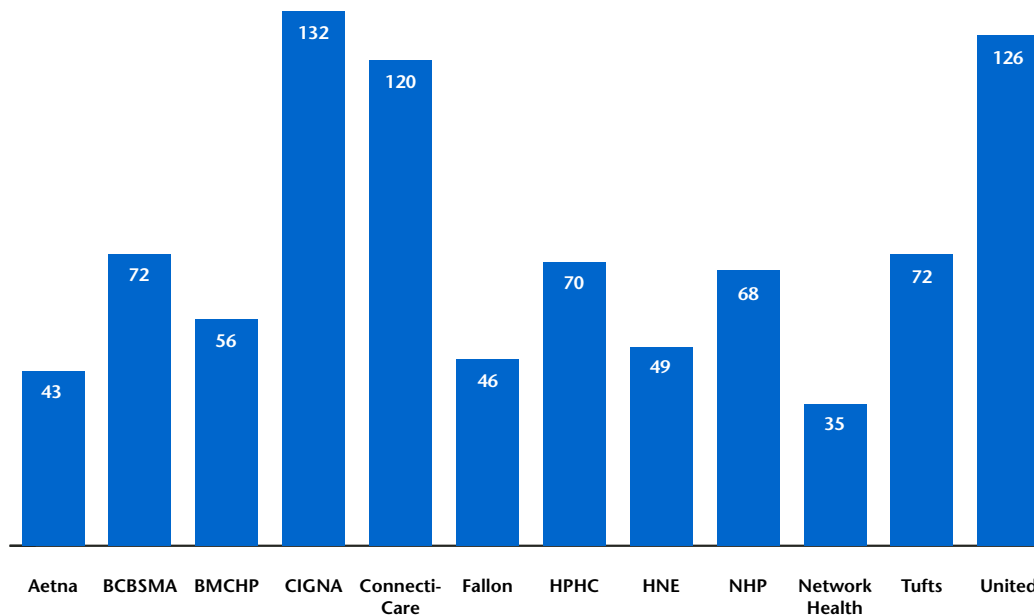
Sources: Division of Insurance annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

The majority of health plans had lower profit margins in calendar year 2008 than in calendar year 2007.

Boston Medical Center HealthNet Plan reported financial information using the MassHealth 4B insolvency reports in calendar year 2007. Such data is not comparable to that reported to DOI in calendar year 2008 for this plan.

Days in Reserve

by Health Plan for Calendar Year 2008



Days in reserve is a measure of financial solvency. It reflects the number of days of medical expenses a plan could fund from its net worth. Performance on this measure varies widely, but most plans reported net worth equal to at least two months of days in reserve for calendar year 2008.

Notes: Days in reserve is calculated by dividing net worth (including total capital and surplus) by the result of dividing total medical and administrative expenses by the number of days in the year. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. Boston Medical Center HealthNet Plan (BMCHP) is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: Division of Insurance annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

Health Plan Financial Performance

by Health Plan for Calendar Year 2007

Health Plan	Medical Expense Ratio	Administrative Expense Ratio	Profit Margin	Days in Reserve	Profit (Loss)
Aetna Health Inc. (a Pennsylvania Corp.)	81%	11%	5.1%	51	\$104,210,000
Blue Cross Blue Shield of MA and HMO Blue	89%	10%	3.1%	87	\$208,726,000
BMC HealthNet Plan	90%	8%	3.6%	42	\$32,550,000
CIGNA HealthCare of Massachusetts, Inc.	89%	13%	2.6%	208	\$564,000
ConnectiCare of Massachusetts, Inc.	80%	18%	2.5%	84	\$754,000
Fallon Community Health Plan, Inc.	91%	9%	2.0%	71	\$17,742,000
Harvard Pilgrim Health Care, Inc.	87%	12%	1.8%	66	\$38,075,000
Health New England, Inc.	87%	11%	1.5%	49	\$4,077,000
Neighborhood Health Plan, Inc.	87%	9%	5.4%	76	\$36,230,000
Network Health	94%	6%	-0.2%	40	(\$1,004,000)
Tufts Associated Health Maintenance Organization	87%	12%	4.5%	101	\$90,961,000
United Healthcare of New England, Inc.	79%	14%	6.5%	125	\$25,081,000

Notes: Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately \$47 million for supplemental payments (Section 122) reported as miscellaneous non-operating revenue in calendar year 2007 on the MassHealth 4B reports. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.

Sources: Division of Insurance annual financial statements. Boston Medical Center HealthNet Plan and Network Health data are from MassHealth 4B and insolvency reports.

Health Plan Financial Performance

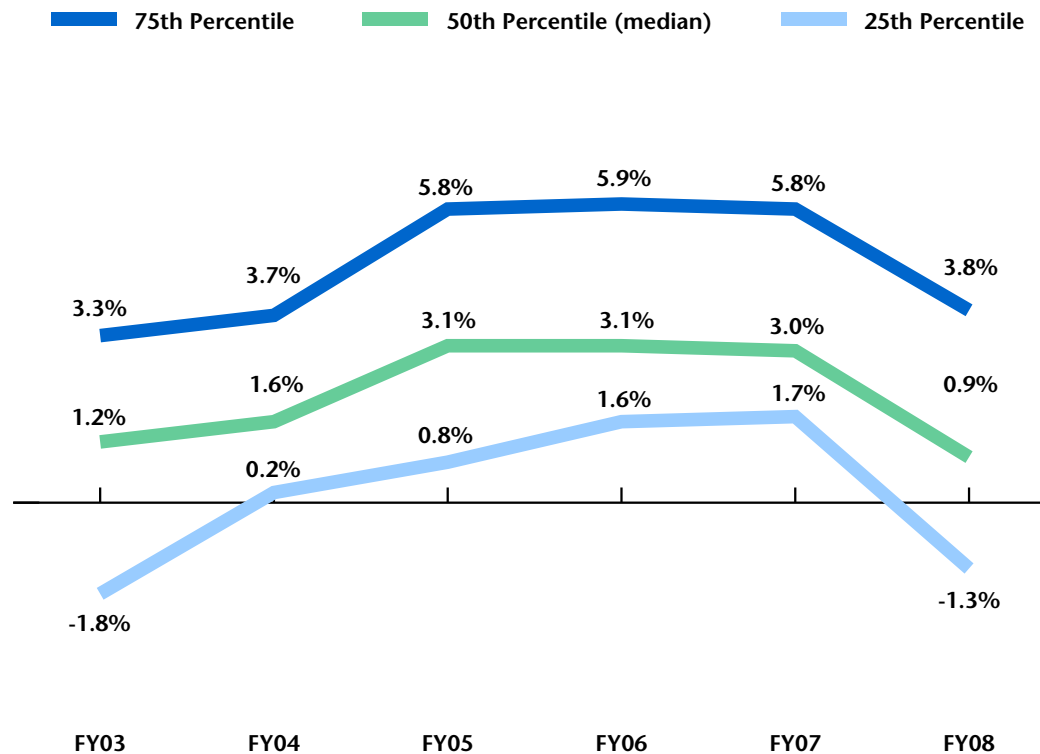
by Health Plan for Calendar Year 2008

Health Plan	Medical Expense Ratio	Administrative Expense Ratio	Profit Margin	Days in Reserve	Profit (Loss)
Aetna Health Inc. (a Pennsylvania Corp.)	84%	12%	5.9%	43	\$130,538,000
Blue Cross Blue Shield of MA and HMO Blue	89%	10%	1.6%	72	\$105,388,000
BMC HealthNet Plan	88%	7%	5.0%	56	\$56,714,000
CIGNA HealthCare of Massachusetts, Inc.	89%	12%	1.2%	132	\$166,000
ConnectiCare of Massachusetts, Inc.	74%	19%	5.6%	120	\$1,548,000
Fallon Community Health Plan, Inc.	91%	9%	1.2%	46	\$11,628,000
Harvard Pilgrim Health Care, Inc.	88%	10%	2.5%	70	\$52,292,000
Health New England, Inc.	87%	11%	1.2%	49	\$3,436,000
Neighborhood Health Plan, Inc.	90%	9%	2.9%	68	\$24,721,000
Network Health	90%	6%	4.0%	35	\$28,324,000
Tufts Associated Health Maintenance Organization	88%	11%	0.3%	72	\$6,116,000
United Healthcare of New England, Inc.	81%	14%	4.3%	126	\$16,591,000

Notes: Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately \$41 million for supplemental payments (Section 122) reported as other health care related income in calendar year 2008. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.

Sources: Division of Insurance annual financial statements. Network Health data are from MassHealth 4B and insolvency reports.

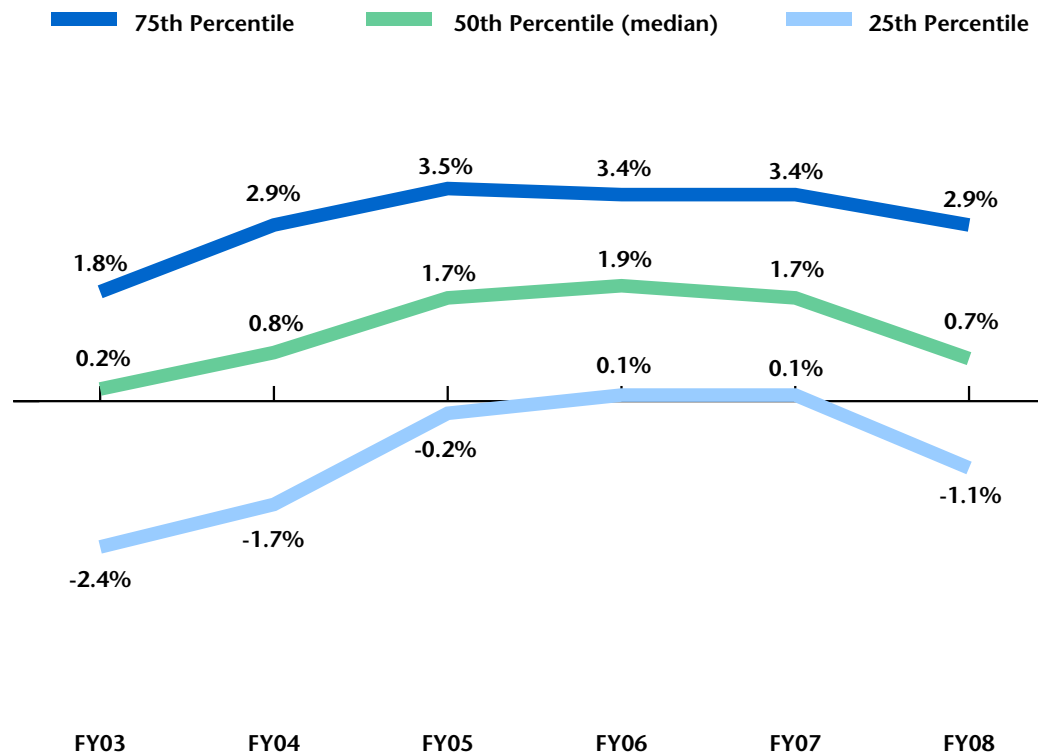
Total Margin Trend by Fiscal Year



The overall financial performance of acute hospitals improved from FY03 to FY07. Many hospitals experienced declines in total profits with the financially weakest hospitals showing the steepest decline in FY08 compared with FY07.

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08. Since Mercy Hospital has a 12/31 FYE, FY08 data were unavailable for this analysis.
Source: DHCFP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Operating Margin Trend by Fiscal Year

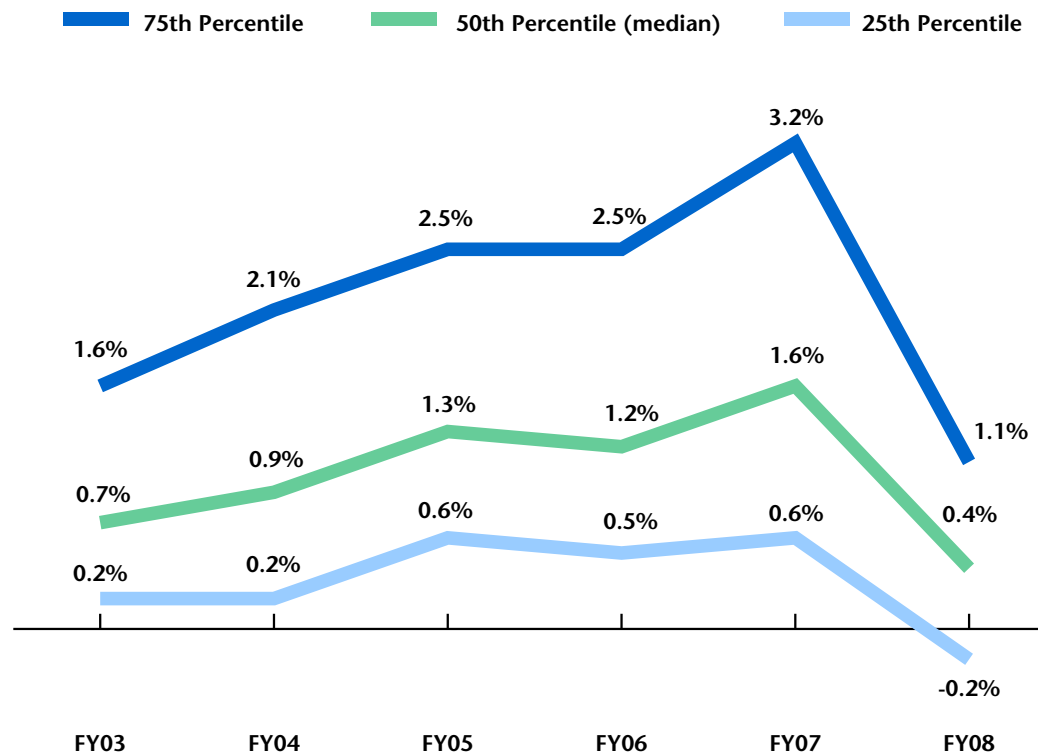


Overall, operating margins declined, with the median operating margin declining from 1.7% in FY07 to 0.7% in FY08.

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08. Since Mercy Hospital has a 12/31 FYE, FY08 data were unavailable for this analysis.

Source: DHCfP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

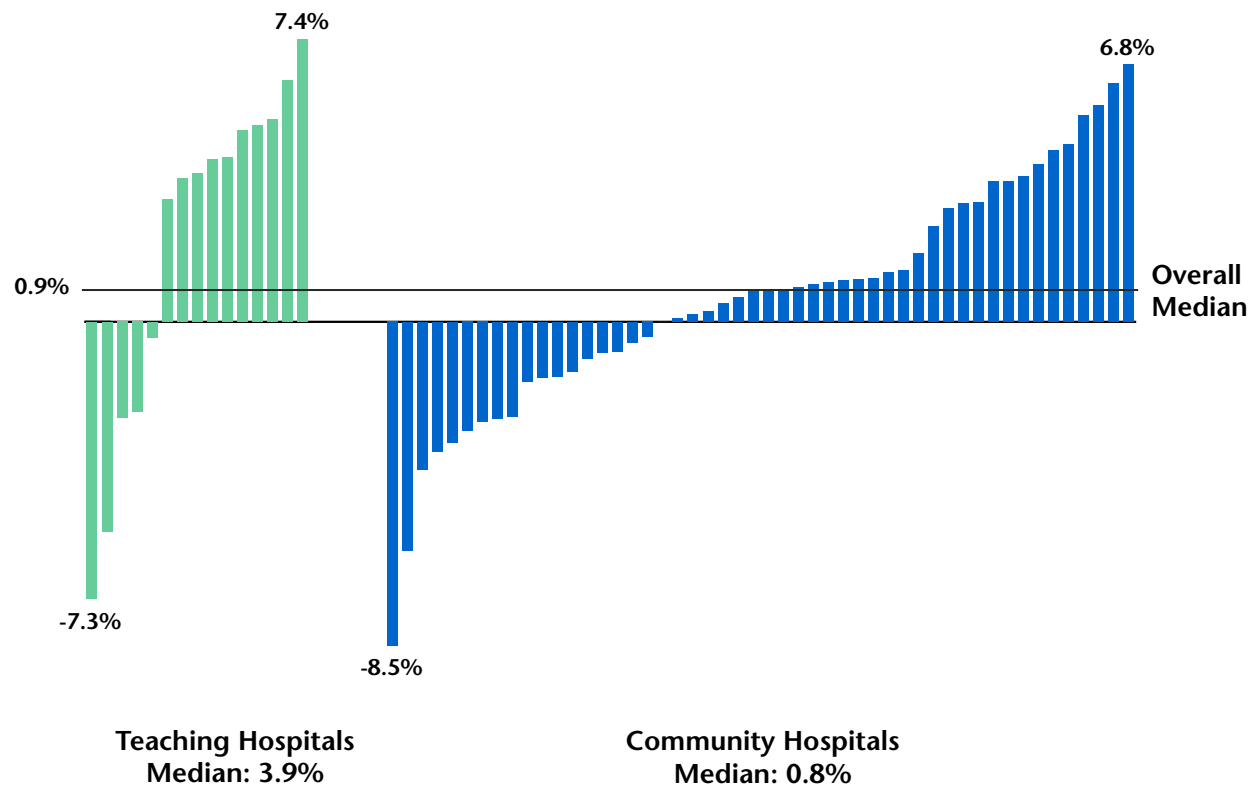
Non-Operating Margin Trend by Fiscal Year



Compared with FY07, many hospitals' non-operating margins declined during FY08.

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08. Since Mercy Hospital has a 12/31 FYE, FY08 data were unavailable for this analysis.
Source: DHCFP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Total Margin by Teaching Status for Fiscal Year 2008



The overall financial performance of acute hospitals varies widely by teaching status.

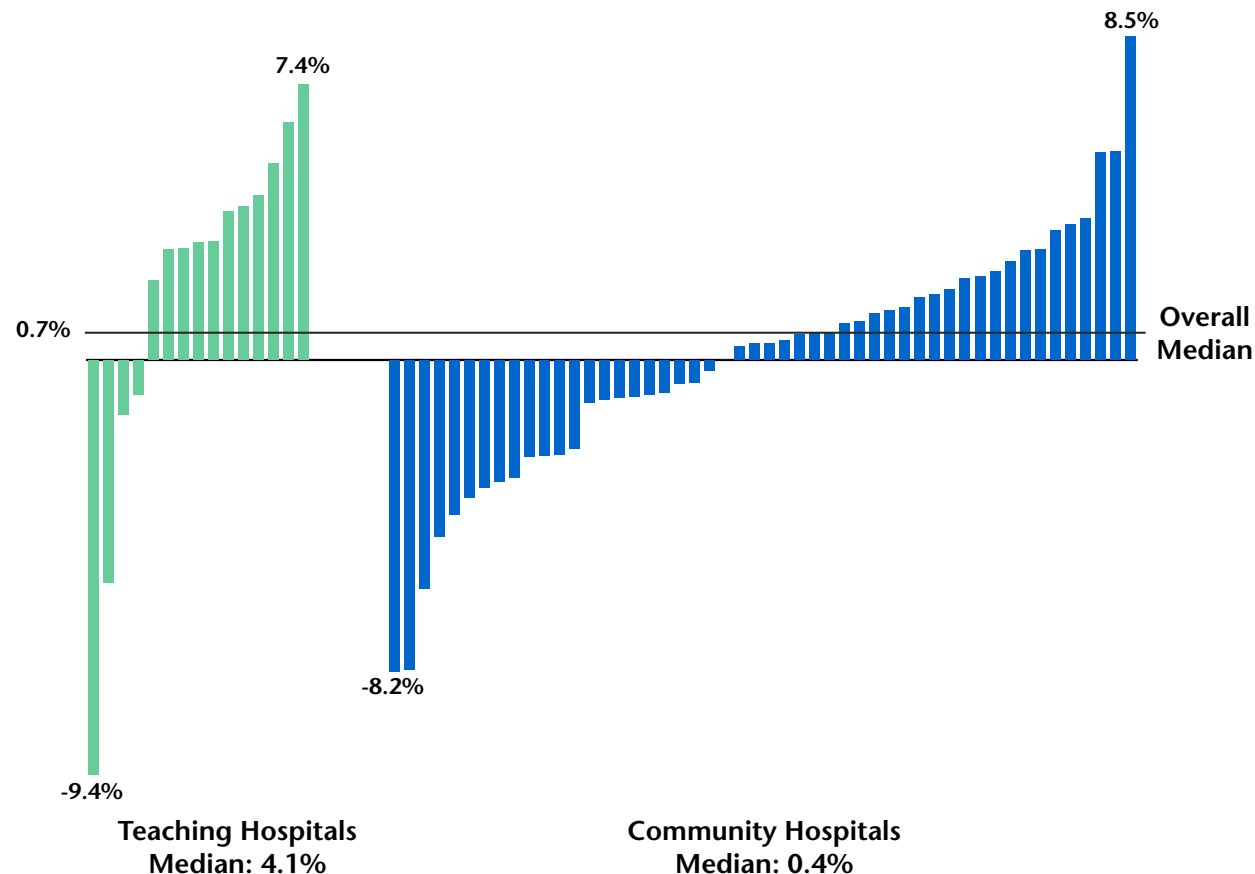
The median total margin was 3.9% for teaching hospitals compared with 0.8% for community hospitals in FY08. Sixty-seven percent (67%) of teaching hospitals compared with 64% of community hospitals had positive total margins in FY08.

Benchmark: Northeast US
median FY07 = 2.7%

Benchmark Source: 2009 Almanac
of Hospital Financial and Operating
Indicators, INGENIX.

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Since Mercy Hospital has a 12/31 FYE, FY08 data were unavailable for this analysis.
Source: DHCFP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Operating Margin by Teaching Status for Fiscal Year 2008

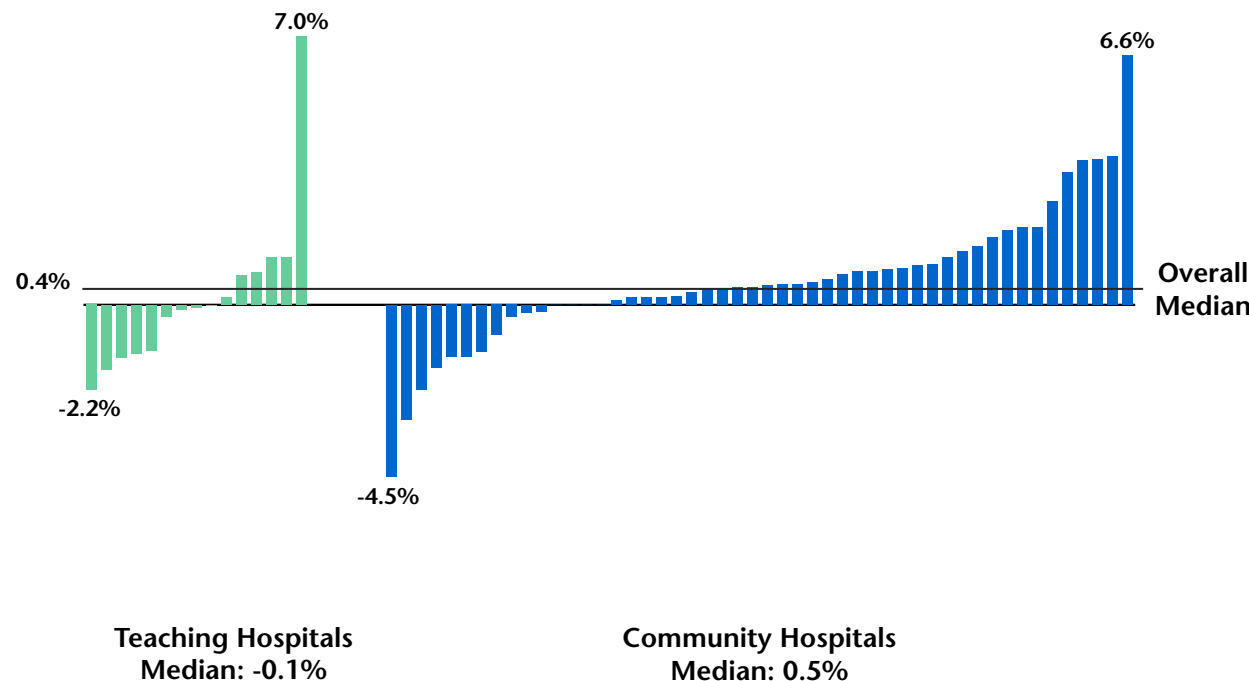


Operating margin performance varies widely by teaching status.

The median operating margin for teaching hospitals was significantly higher than it was for community hospitals (4.1% vs. 0.4%) in FY08. Seventy-three percent (73%) of teaching hospitals compared with 56% of community hospitals had positive operating margins in FY08.

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Since Mercy Hospital has a 12/31 FYE, FY08 data were unavailable for this analysis. Source: DHCfP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Non-Operating Margin by Teaching Status for Fiscal Year 2008



The median non-operating margin was similar for both teaching and community hospitals (-0.1% and 0.5%) in FY08. Forty percent (40%) of teaching hospitals compared with 76% of community hospitals had positive non-operating margins in FY08.

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Since Mercy Hospital has a 12/31 FYE, FY08 data were unavailable for this analysis. Source: DHCFP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Hospital Financial Performance

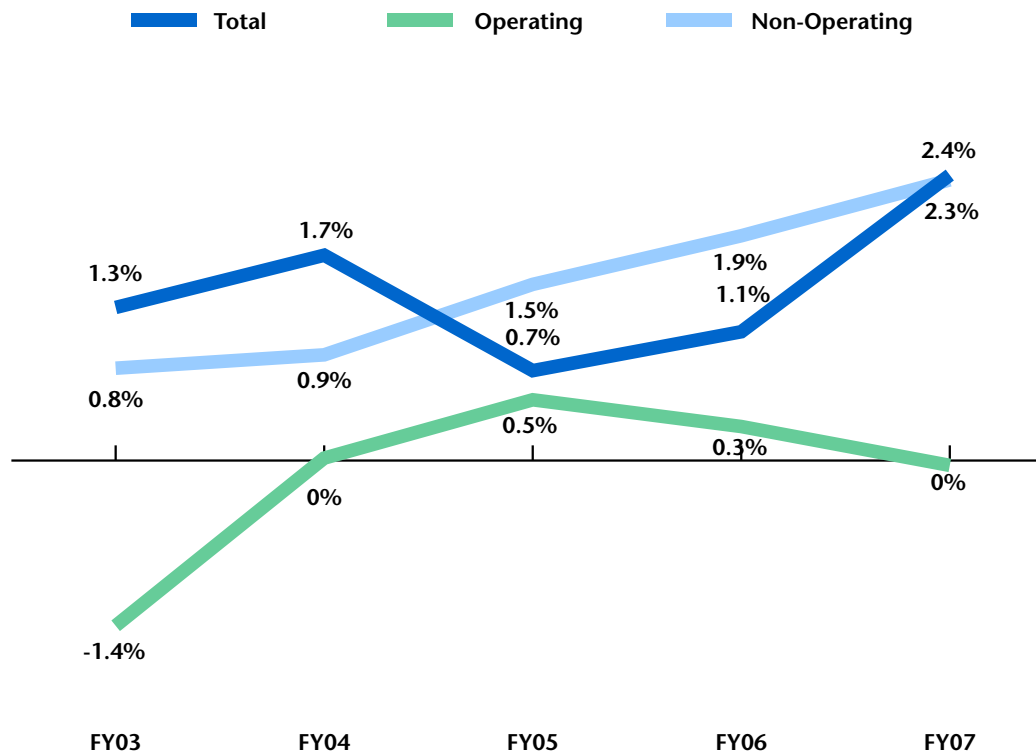
Hospital Fiscal Year 2008

Teaching Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Baystate Medical Center	5.5%	0.9%	6.3%	\$53,334,000
Beth Israel Deaconess Medical Center	2.5%	0.8%	3.2%	\$39,328,000
Boston Medical Center	6.4%	-1.3%	5.2%	\$54,986,000
Brigham and Women's Hospital	5.2%	-0.1%	5.0%	\$95,721,000
Cambridge Health Alliance	-6.8%	1.3%	-5.5%	(\$29,448,000)
Caritas St. Elizabeth's Medical Center	1.8%	-2.2%	-0.4%	(\$1,484,000)
Children's Hospital Boston	4.1%	1.3%	5.3%	\$63,381,000
Dana-Farber Cancer Institute	-5.6%	-1.7%	-7.3%	(\$49,469,000)
Lahey Clinic	3.8%	-0.1%	3.8%	\$30,111,000
Massachusetts Eye and Ear Infirmary	-9.4%	7.0%	-2.4%	(\$3,590,000)
Massachusetts General Hospital	4.6%	-0.3%	4.3%	\$106,649,000
Mount Auburn Hospital	5.1%	-1.2%	3.9%	\$10,502,000
Saint Vincent Hospital	7.4%	0.0%	7.4%	\$22,197,000
Tufts Medical Center	-1.1%	-1.4%	-2.5%	(\$14,673,000)
UMass Memorial Medical Center	4.1%	0.2%	4.3%	\$53,130,000
Community Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Anna Jaques Hospital	0.7%	0.1%	0.9%	\$851,000
Athol Memorial Hospital	0.7%	0.5%	1.1%	\$258,000
Baystate Franklin Medical Center	-2.5%	1.0%	-1.4%	(\$1,180,000)
Baystate Mary Lane Hospital	-1.0%	2.0%	1.0%	\$321,000
Berkshire Medical Center	2.1%	1.5%	3.7%	\$11,957,000
Beth Israel Deaconess Hospital-Needham	1.4%	0.4%	1.8%	\$819,000
Cape Cod Hospital	-4.1%	0.9%	-3.2%	(\$11,362,000)
Caritas Carney Hospital	0.7%	0.4%	1.1%	\$1,335,000
Caritas Good Samaritan Medical Center	0.0%	0.0%	0.0%	\$8,000
Caritas Holy Family Hospital	1.3%	0.0%	1.3%	\$1,977,000
Caritas Norwood Hospital	-2.5%	-1.4%	-3.9%	(\$5,814,000)
Clinton Hospital	1.0%	2.0%	3.0%	\$785,000
Cooley Dickinson Hospital	2.3%	0.8%	3.1%	\$5,101,000
Emerson Hospital	-2.5%	1.1%	-1.5%	(\$2,448,000)
Fairview Hospital	3.6%	1.0%	4.5%	\$1,592,000
Falmouth Hospital	-3.1%	3.9%	0.8%	\$1,099,000
Faulkner Hospital	-0.3%	0.6%	0.3%	\$471,000

Community Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Hallmark Health	0.4%	0.5%	0.9%	\$2,450,000
Harrington Memorial Hospital	-3.3%	3.8%	0.5%	\$365,000
Health Alliance Hospital	5.5%	-0.8%	4.7%	\$7,378,000
Heywood Hospital	-0.6%	1.4%	0.8%	\$720,000
Holyoke Medical Center	-1.0%	0.2%	-0.8%	(\$952,000)
Hubbard Regional Hospital	-8.2%	-0.3%	-8.5%	(\$1,875,000)
Jordan Hospital	-0.9%	0.5%	-0.4%	(\$728,000)
Lawrence General Hospital	1.6%	0.9%	2.5%	\$4,120,000
Lowell General Hospital	1.2%	-0.2%	1.0%	\$1,967,000
Marlborough Hospital	-0.6%	0.7%	0.1%	\$50,000
Martha's Vineyard Hospital	2.2%	3.5%	5.7%	\$2,647,000
Mercy Medical Center	NA	NA	NA	NA
Merrimack Valley Hospital	-6.0%	0.0%	-6.0%	(\$3,275,000)
MetroWest Medical Center	-3.6%	0.2%	-3.4%	(\$8,116,000)
Milford Regional Medical Center	3.4%	2.0%	5.4%	\$9,542,000
Milton Hospital	-4.6%	1.8%	-2.9%	(\$1,751,000)
Morton Hospital and Medical Center	0.4%	3.8%	4.1%	\$5,329,000
Nantucket Cottage Hospital	-8.1%	6.6%	-1.6%	(\$527,000)
Nashoba Valley Medical Center	-1.0%	0.0%	-1.0%	(\$428,000)
New England Baptist Hospital	1.0%	2.7%	3.7%	\$6,587,000
Newton-Wellesley Hospital	2.9%	0.9%	3.8%	\$12,870,000
Noble Hospital	-0.9%	0.3%	-0.6%	(\$294,000)
North Adams Regional Hospital	5.5%	1.3%	6.8%	\$4,335,000
North Shore Medical Center	0.4%	0.2%	0.6%	\$2,813,000
Northeast Hospital	1.7%	-3.0%	-1.3%	(\$3,844,000)
Quincy Medical Center	-2.3%	-0.2%	-2.5%	(\$2,678,000)
Saint Anne's Hospital	3.7%	-4.5%	-0.8%	(\$1,077,000)
Saints Medical Center	-1.1%	-1.4%	-2.5%	(\$3,281,000)
Signature Healthcare Brockton Hospital	-3.2%	0.6%	-2.6%	(\$5,158,000)
South Shore Hospital	1.9%	-1.7%	0.2%	\$717,000
Southcoast Hospitals Group	2.6%	-1.2%	1.4%	\$8,130,000
Sturdy Memorial Hospital	8.5%	-2.2%	6.3%	\$9,231,000
Winchester Hospital	2.9%	0.2%	3.1%	\$7,583,000
Wing Memorial Hospital	0.5%	0.6%	1.1%	\$703,000

Notes: Recently, government employers, including Cambridge Health Alliance, were required to implement a new government accounting rule (GASB 45) that required them to record in their financial statements the present value of future retiree health benefit costs. In complying with this new rule, Cambridge Health Alliance's balance sheet reflects a \$221.9M liability and associated operating expense of \$12.7M for its 2008 fiscal year. Since Mercy Hospital has a 12/31 FYE, FY08 data were unavailable for this analysis. Source: DHCAP Acute hospital financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

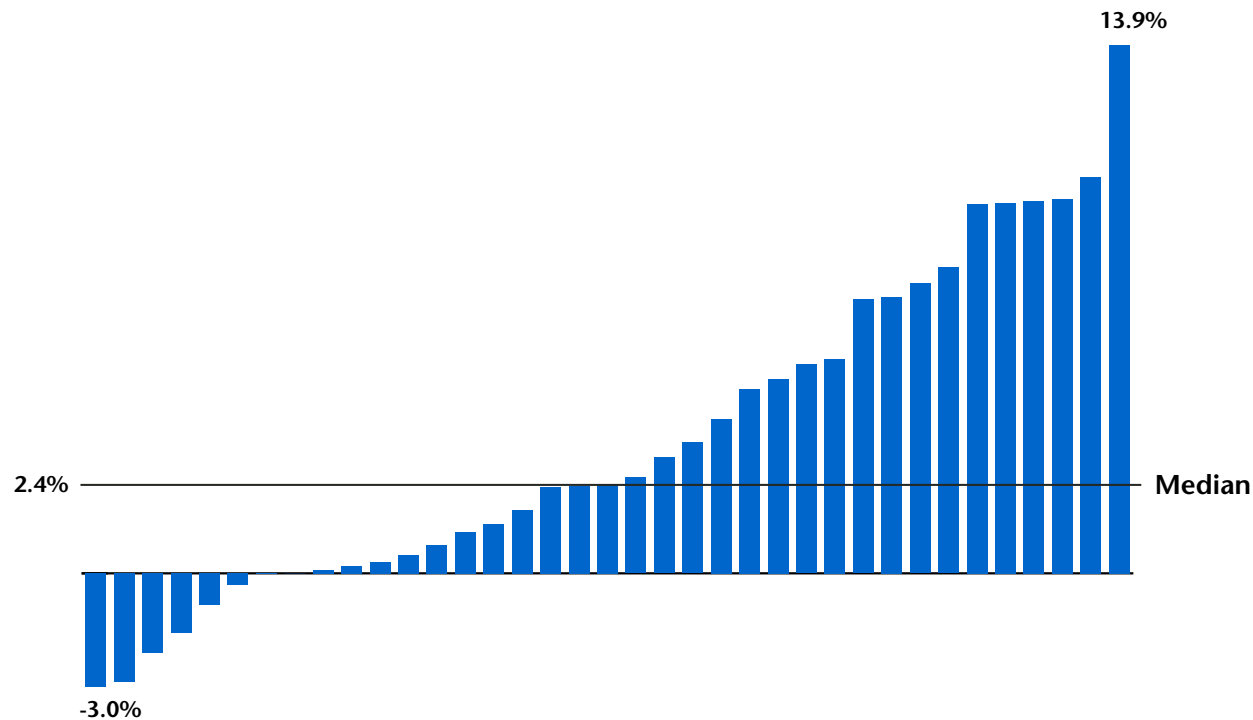
CHC Median Financial Margins by Fiscal Year



The total financial performance for community health centers (CHCs) has been positive in each of the past five years, largely due to positive non-operating margins.

Notes: Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a 6/30 FYE, 4 have a 9/30 FYE, 2 have a 12/31 FYE, and 1 has a 7/31 FYE.
Source: CHC Audited financial statements for freestanding CHCs from FY03 through FY07; for FY03, FY04, FY05, FY06, FY07, 35, 34, 35, 35 and 37 CHCs, respectively, are included in this analysis.

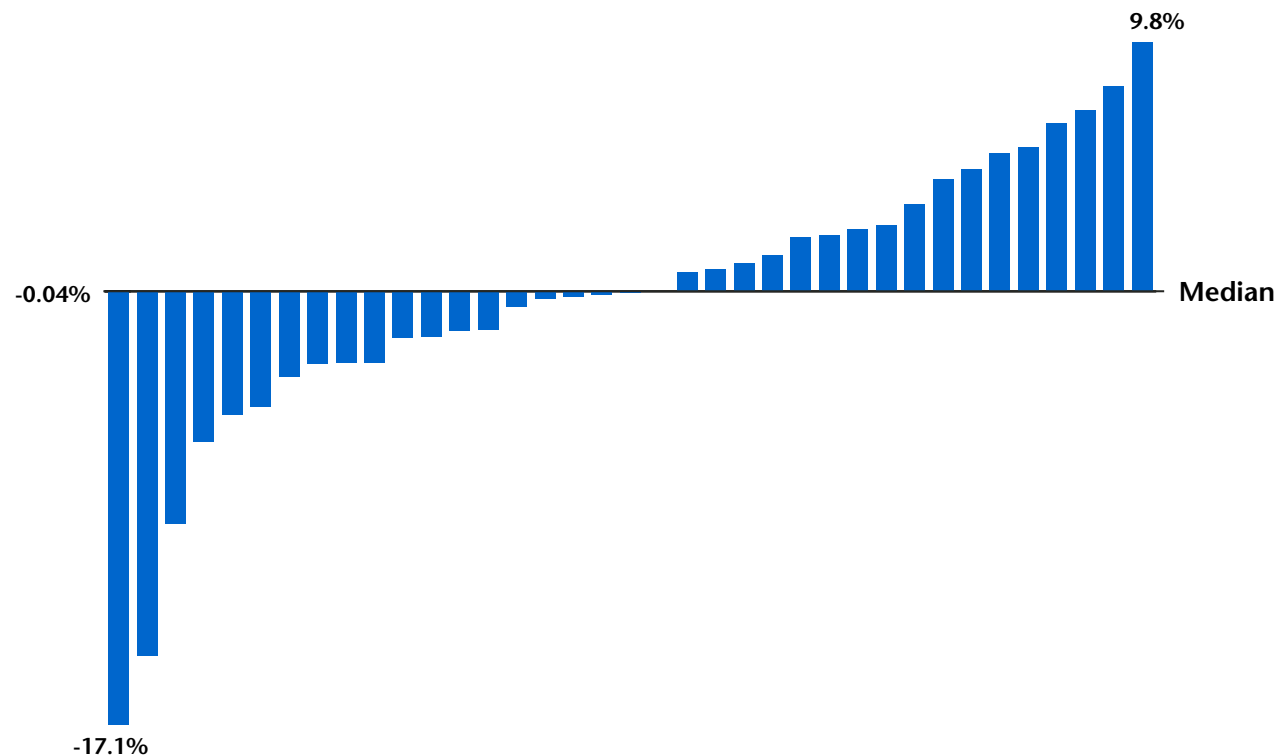
CHC Total Margin in Fiscal Year 2007



The total margin for community health centers (CHCs) ranged from -3% to 13.9% in their 2007 fiscal year. The majority of community health centers experienced positive total margins in their 2007 fiscal year.

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a 6/30 FYE, 4 have a 9/30 FYE, 2 have a 12/31 FYE, and 1 has a 7/31 FYE.
Source: CHC audited financial statements for 37 free standing CHCs in FY07.

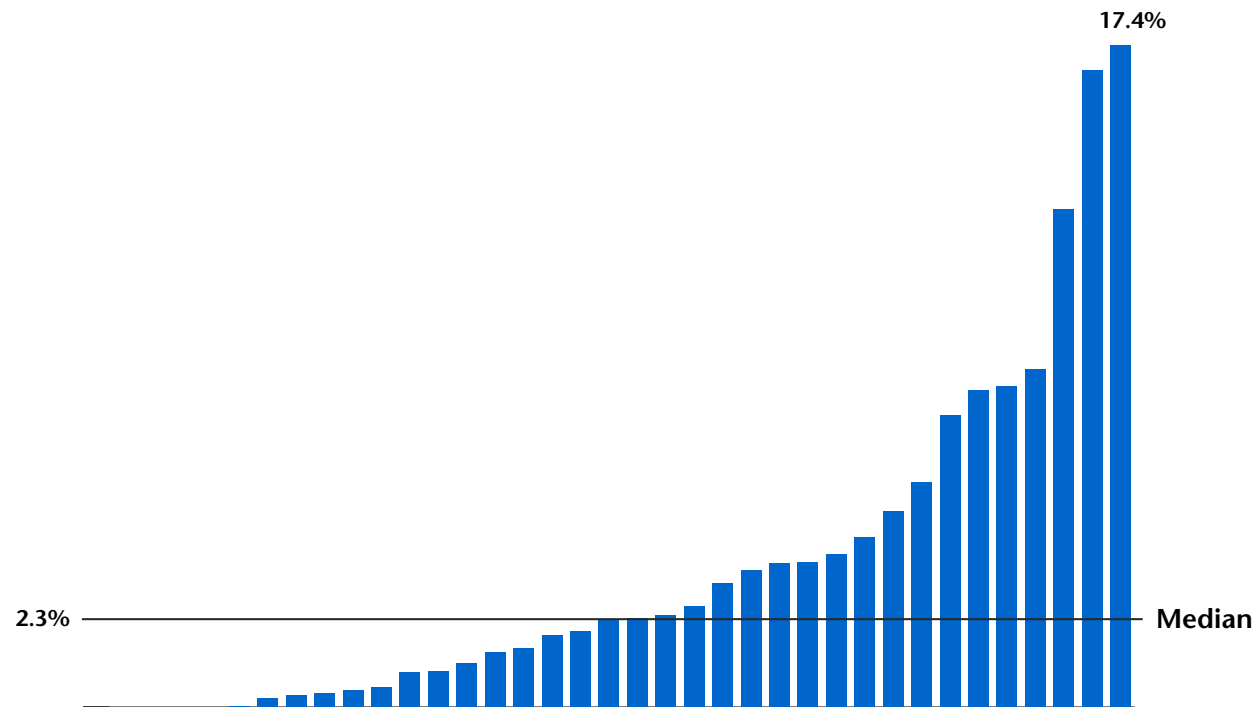
CHC Operating Margin in Fiscal Year 2007



Operating margins for community health centers (CHCs) ranged from -17.1% to 9.8% in their 2007 fiscal year. Just over one-half of community health centers experienced positive operating margins, while just under one-half lost money on operations.

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a 6/30 FYE, 4 have a 9/30 FYE, 2 have a 12/31, and 1 has a 7/31 FYE.
Source: CHC audited financial statements for 37 free standing CHCs in FY07.

CHC Non-Operating Margin in Fiscal Year 2007



Non-operating margins for community health centers (CHCs) ranged from 0% to 17.4% in their 2007 fiscal year.

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a 6/30 FYE, 4 have a 9/30 FYE, 2 have a 12/31, and 1 has a 7/31 FYE.
Source: CHC audited financial statements for 37 free standing CHCs in FY07.

Community Health Center Financial Performance

in Fiscal Year 2007

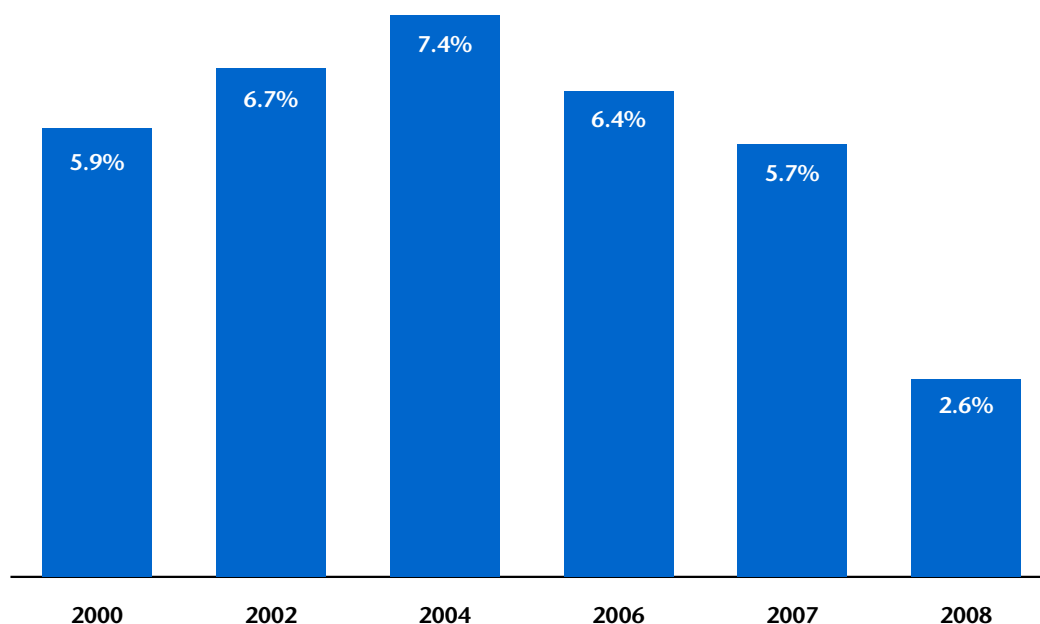
Community Health Centers	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Boston Health Care for the Homeless Program	2.4%	2.7%	5.1%	\$1,172,000
Brockton Neighborhood Health Center	6.6%	0.5%	7.2%	\$723,000
Caring Health Center, Inc.	7.2%	0.5%	7.6%	\$830,000
CHP Health Center	5.7%	4.0%	9.7%	\$352,000
Community Health Center of Cape Cod	-14.3%	17.4%	3.0%	\$84,000
Community Health Center of Franklin County, Inc.	-0.3%	5.9%	5.6%	\$262,000
Community Health Connections Family Health Center	2.2%	3.3%	5.5%	\$572,000
Community HealthLink	0.0%	0.0%	0.0%	\$1,000
Dimock Community Health Center	-9.2%	8.3%	-0.8%	(\$230,000)
Duffy Health Center	-4.5%	1.6%	-3.0%	(\$77,000)
Family Health Center of Worcester	0.7%	0.3%	1.1%	\$221,000
Fenway Community Health Center	0.9%	8.9%	9.8%	\$2,376,000
Great Brook Valley Health Center	-0.1%	0.2%	0.1%	\$22,000
Greater Lawrence Family Health Center, Inc.	9.8%	0.0%	9.8%	\$3,202,000
Greater New Bedford Community Health Center, Inc.	-1.5%	3.8%	2.3%	\$278,000
Harbor Health Services, Inc.	2.6%	1.5%	4.1%	\$1,391,000
Harvard Street Neighborhood Health Center	0.0%	0.0%	0.0%	(\$1,000)
HealthFirst Family Care Center, Inc.	1.1%	1.2%	2.3%	\$99,000
Hilltown Community Health Centers, Inc.	-2.8%	7.7%	4.8%	\$252,000

Community Health Centers	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Holyoke Health Center, Inc.	-0.2%	1.0%	0.7%	\$119,000
Island Health Care	4.8%	2.4%	7.2%	\$68,000
Joseph M. Smith Community Health Center	-0.6%	1.9%	1.3%	\$117,000
Lowell Community Health Center	2.1%	0.4%	2.5%	\$403,000
Lynn Community Health Center	1.4%	0.9%	2.3%	\$587,000
Manet Community Health Center, Inc. at North Quincy	-1.8%	2.0%	0.2%	\$15,000
Mattapan Community Health Center	-17.1%	16.7%	-0.3%	(\$17,000)
North End Community Health Center	-5.9%	3.8%	-2.1%	(\$177,000)
North Shore Community Health, Inc.	8.1%	2.3%	10.4%	\$512,000
Outer Cape Health Services, Inc.	-2.8%	4.5%	1.7%	\$105,000
River Valley Counseling Center	3.4%	0.0%	3.4%	\$193,000
Roxbury Comprehensive Community Health Center, Inc.	-1.6%	0.0%	-1.6%	(\$142,000)
Sidney Borum, Jr. Health Center	-2.8%	0.0%	-2.8%	(\$58,000)
South Cove Community Health Center	5.4%	8.5%	13.9%	\$2,879,000
South End Community Health Center	-4.9%	5.2%	0.3%	\$24,000
SSTAR Family Healthcare Center	-1.8%	2.3%	0.5%	\$62,000
Upham's Corner Health Center	4.4%	3.6%	8.0%	\$1,816,000
Whittier Street Health Center	-3.4%	13.1%	9.7%	\$1,014,000

Source: CHC audited financial statements for 37 free standing CHCs in FY07.

People without Health Insurance

Percent of All Massachusetts Residents



The overall uninsured rate for Massachusetts dropped from 5.7% in 2007 to 2.6% in 2008, and the number of people without coverage fell from 355,000 to 167,000, a 53% decrease reflecting the successful implementation of health reform.

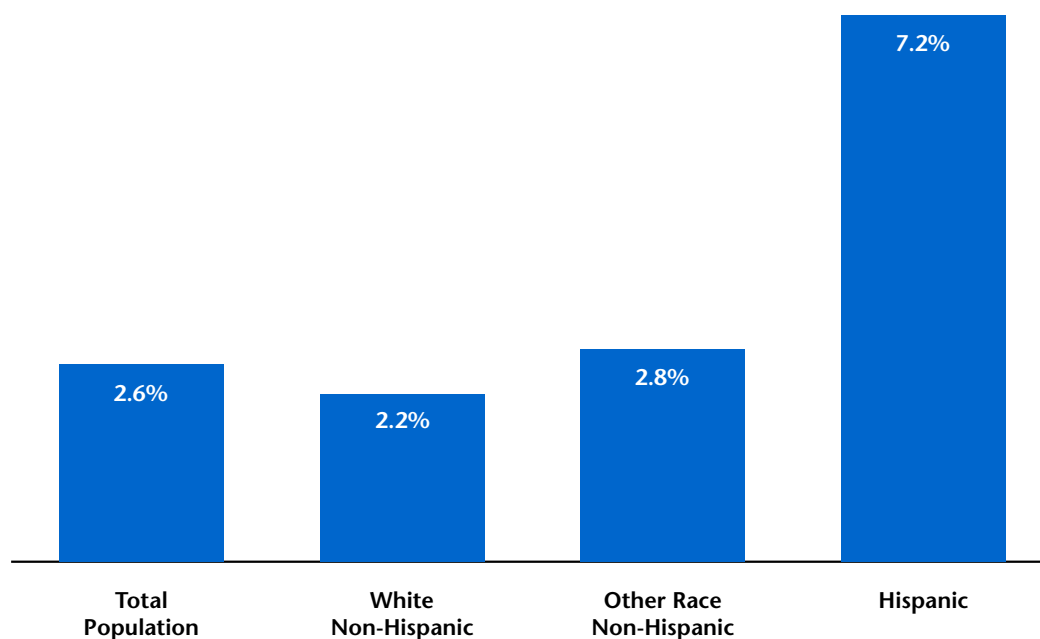
The Division implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 results to previous years.

Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years.

Sources: DHCFP Household Surveys for 2000, 2002, 2004, 2006, and 2007; surveys from 2000 through 2006 were conducted February through June of the survey year; survey for 2007 was conducted January through July of 2007. 2008 data is from the Urban Institute tabulations on the 2008 Massachusetts Health Insurance Survey which was conducted June through August of 2008. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Uninsured by Race and Ethnicity

Percent of All Massachusetts Residents, 2008



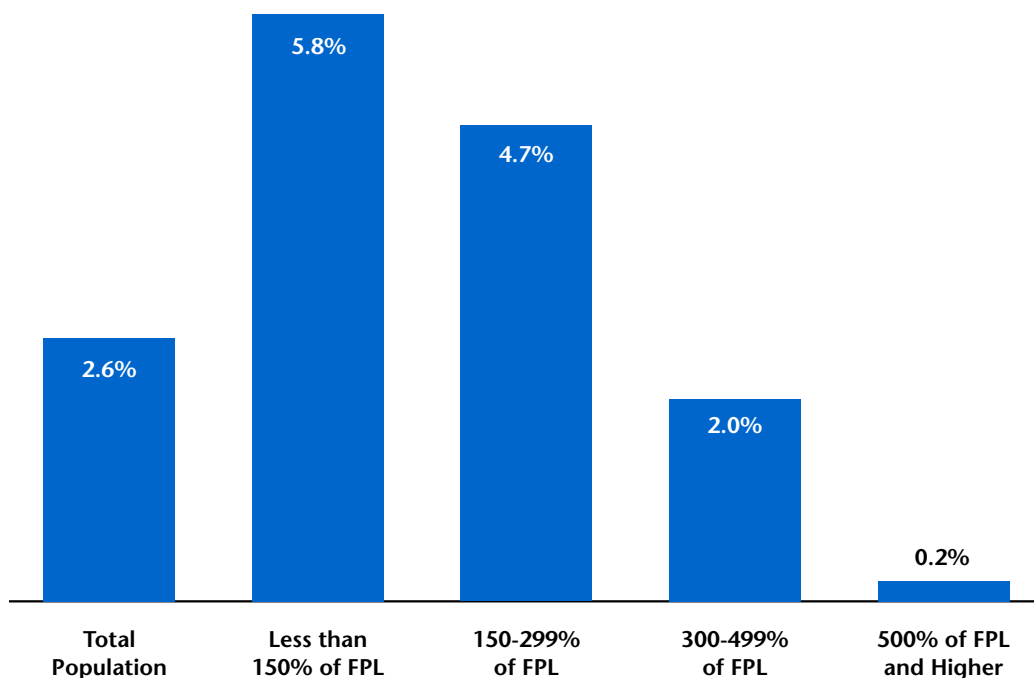
With an uninsurance rate more than twice as high as non-Hispanic groups (7.2% versus less than 3%), Hispanic residents of Massachusetts were more likely to go without coverage in 2008.

Note: Other race, non-Hispanic includes black and Asian in addition to other races.

Source: Urban Institute tabulations on the 2008 Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Uninsured by Federal Poverty Level

Percent of All Massachusetts Residents, 2008

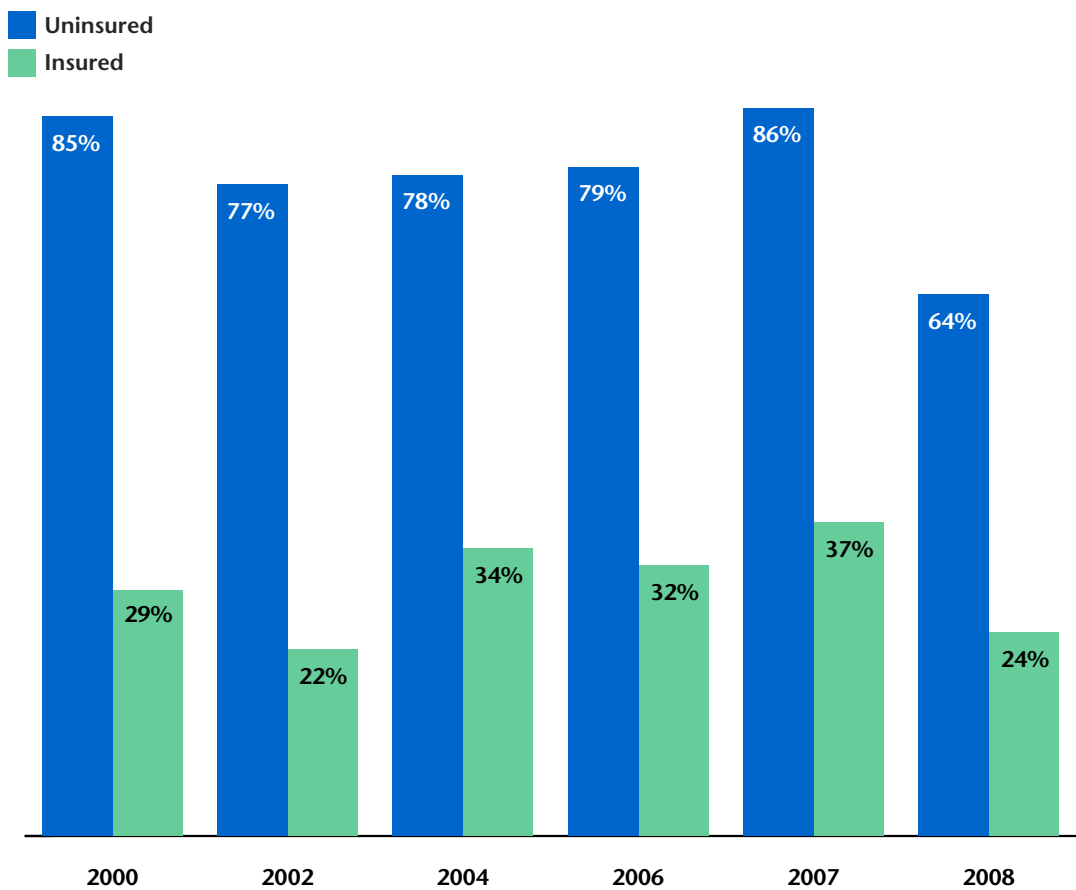


Households with income of less than 300% of the Federal Poverty Level (FPL) are more likely to be uninsured than those with higher incomes.

Source: Urban Institute tabulations on the 2008 Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Needed Care but Cost Was an Obstacle

Percent of Adults Ages 19 to 64



Cost is becoming less of an obstacle to accessing health care for Massachusetts residents, but remains a significant barrier for most people without health coverage.

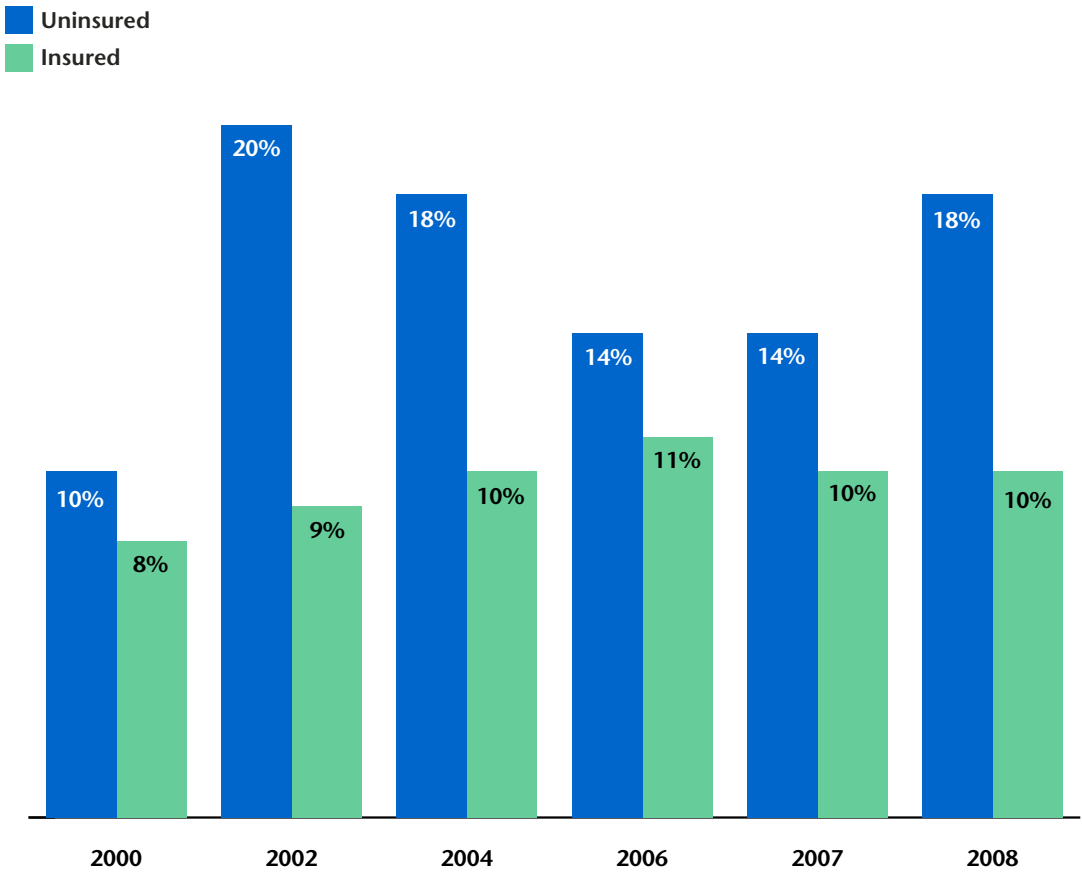
The Division implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 results to previous years.

Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years. The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007.

Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. 2008 data is from the Urban Institute tabulations on the 2008 Massachusetts Health Insurance Survey which was conducted June through August of 2008. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Reported Being in Fair or Poor Health

Percent of Adults Ages 19 to 64



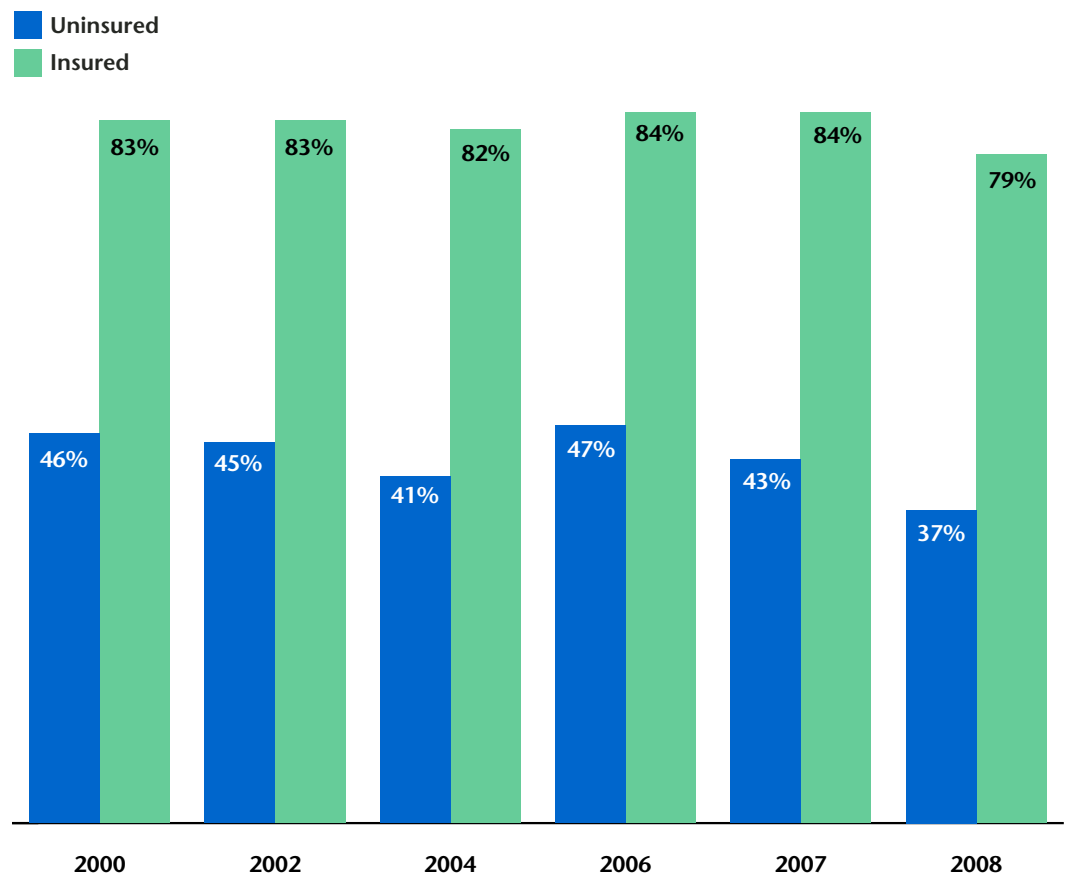
Most Massachusetts residents surveyed, both insured and uninsured, reported being in good or excellent health.

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Reported Having a Dental Visit in the Past Year, Percent of Adults Ages 19 to 64



In 2008, only 37% of uninsured Massachusetts residents reported getting dental care in the past year compared to 79% of those with insurance coverage.

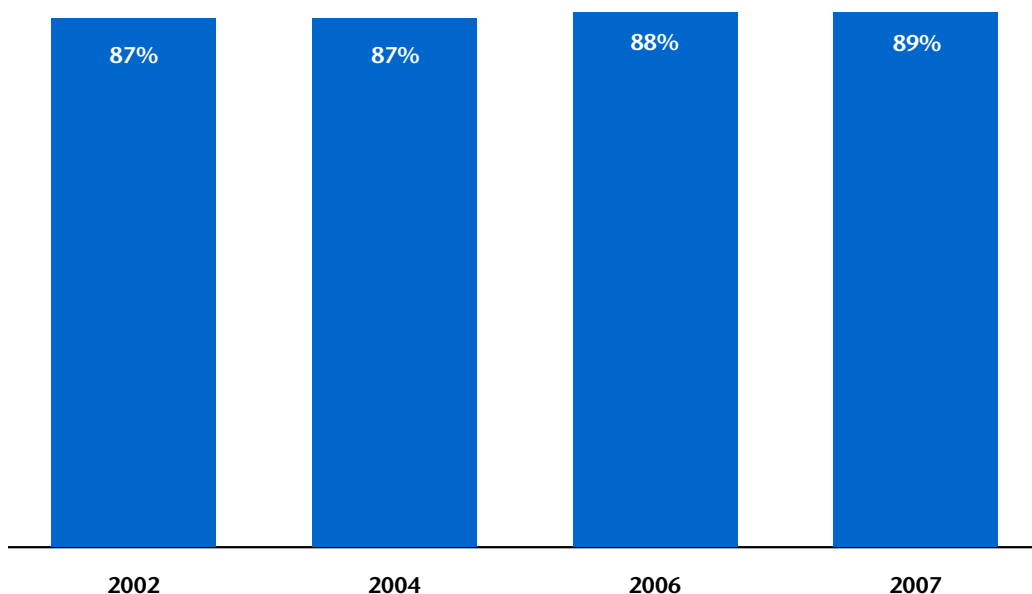
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Have a Personal Care Provider

Percent of Adults Ages 18+



Percent of adults ages 18+ by race/ethnicity (95% confidence interval):

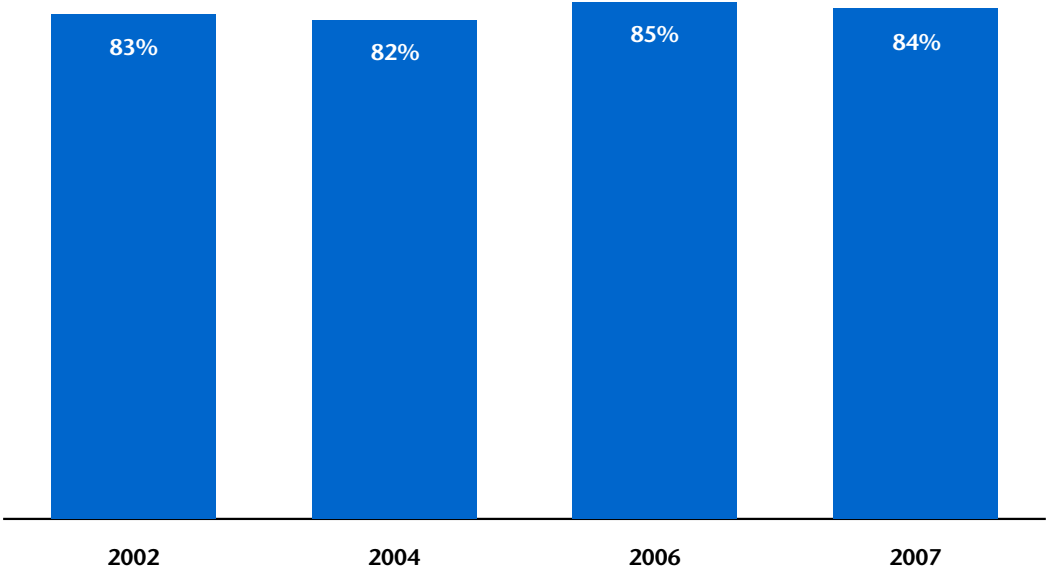
White	89% (88% - 90%)	89% (87% - 90%)	89% (88% - 90%)	90% (90% - 91%)
Black	82% (77% - 88%)	90% (85% - 94%)	89% (85% - 92%)	84% (80% - 87%)
Hispanic	75% (69% - 80%)	75% (71% - 79%)	75% (71% - 79%)	76% (72% - 80%)
Asian	79% (70% - 88%)	88% (84% - 93%)	83% (76% - 90%)	86% (82% - 91%)

Note: Percentages are age adjusted to 2000 US population to control for difference in age distributions among race groups.

Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2002, 2004, 2006 and 2007; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

The vast majority of Massachusetts residents surveyed reported having a personal health care provider, a percentage that increased slightly in 2007 for all racial groups. However, a significantly lower percentage of blacks, Hispanics and Asians reported having a personal health care provider compared to whites.

Had a Mammogram in the Past 2 Years, Percent of Women Ages 40+



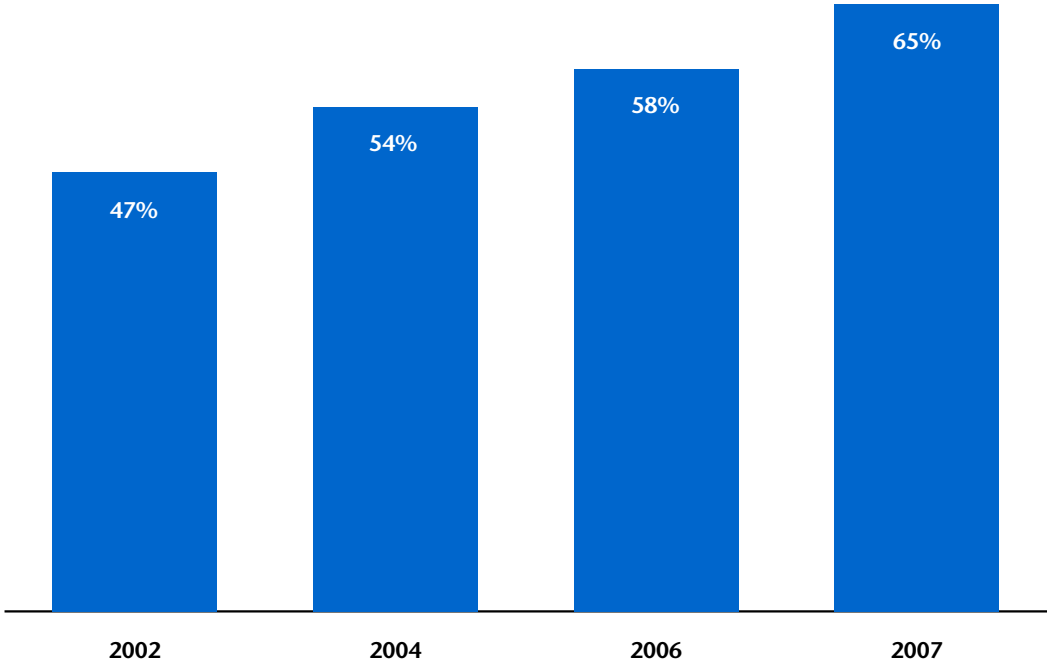
Percent of women ages 40+ by race/ethnicity (95% confidence interval):

White	83% (81% - 85%)	82% (80% - 84%)	85% (84% - 87%)	84% (82% - 86%)
Black	81% (70% - 92%)	82% (70% - 93%)	82% (74% - 90%)	82% (72% - 92%)
Hispanic	87% (82% - 93%)	90% (85% - 94%)	88% (84% - 92%)	83% (73% - 93%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data

Note: Percentages are age adjusted to 2000 US population to control for difference in age distributions among race groups.
Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2002, 2004, 2006, and 2007; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

Most Massachusetts female residents ages 40 and older reported having a mammogram to screen for breast cancer.

Had a Sigmoidoscopy or Colonoscopy in the Past 5 Years, Percent of Adults Ages 50+



Percent of adults ages 50+ by race/ethnicity (95% confidence interval):

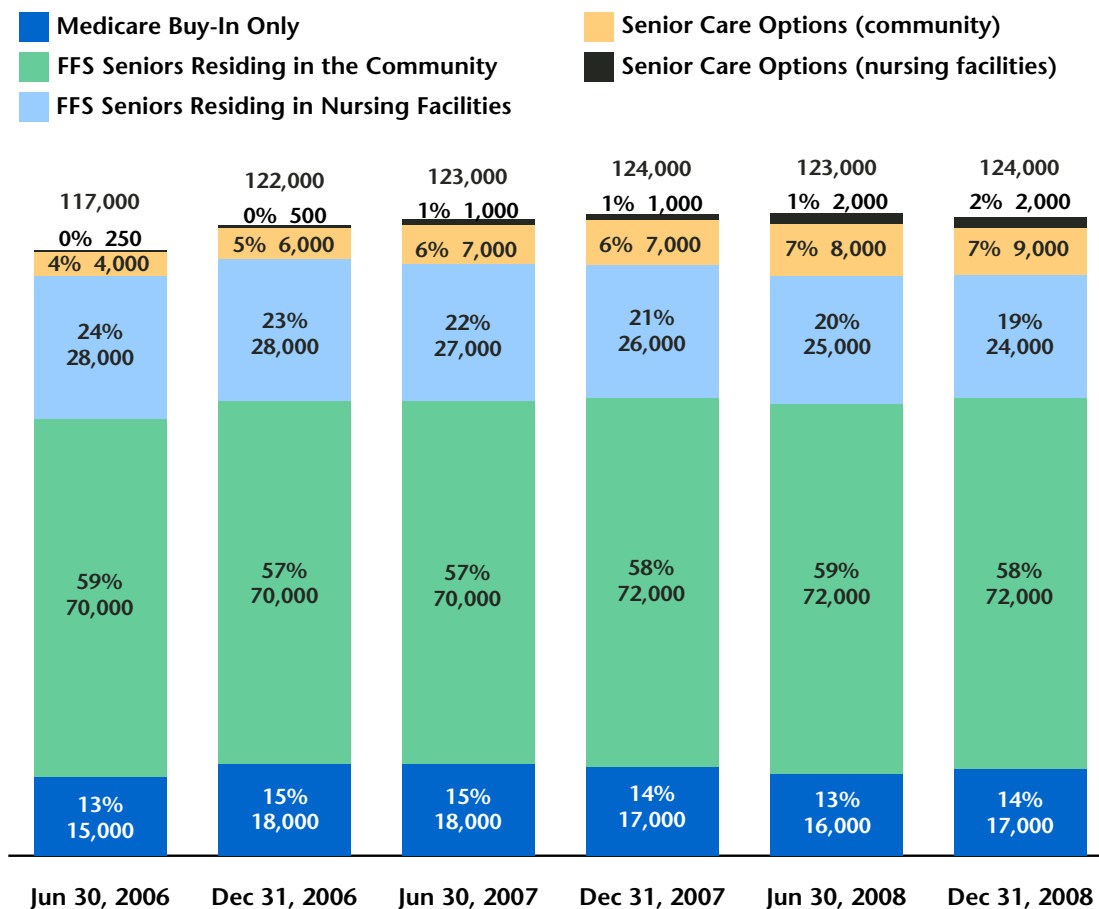
White	47% (45% - 49%)	54% (52% - 57%)	58% (56% - 60%)	65% (62% - 67%)
Black	47% (32% - 62%)	51% (40% - 63%)	62% (53% - 71%)	73% (61% - 85%)
Hispanic	44% (35% - 54%)	51% (42% - 61%)	52% (42% - 61%)	54% (42% - 66%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data

Note: Percentages are age adjusted to 2000 US population to control for difference in age distributions among race groups.
Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2002, 2004, 2006, and 2007; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

The number of Massachusetts residents ages 50 and older that reported having a sigmoidoscopy or colonoscopy to screen for colorectal cancer has increased significantly since 2002.

MassHealth Members

Ages 65+

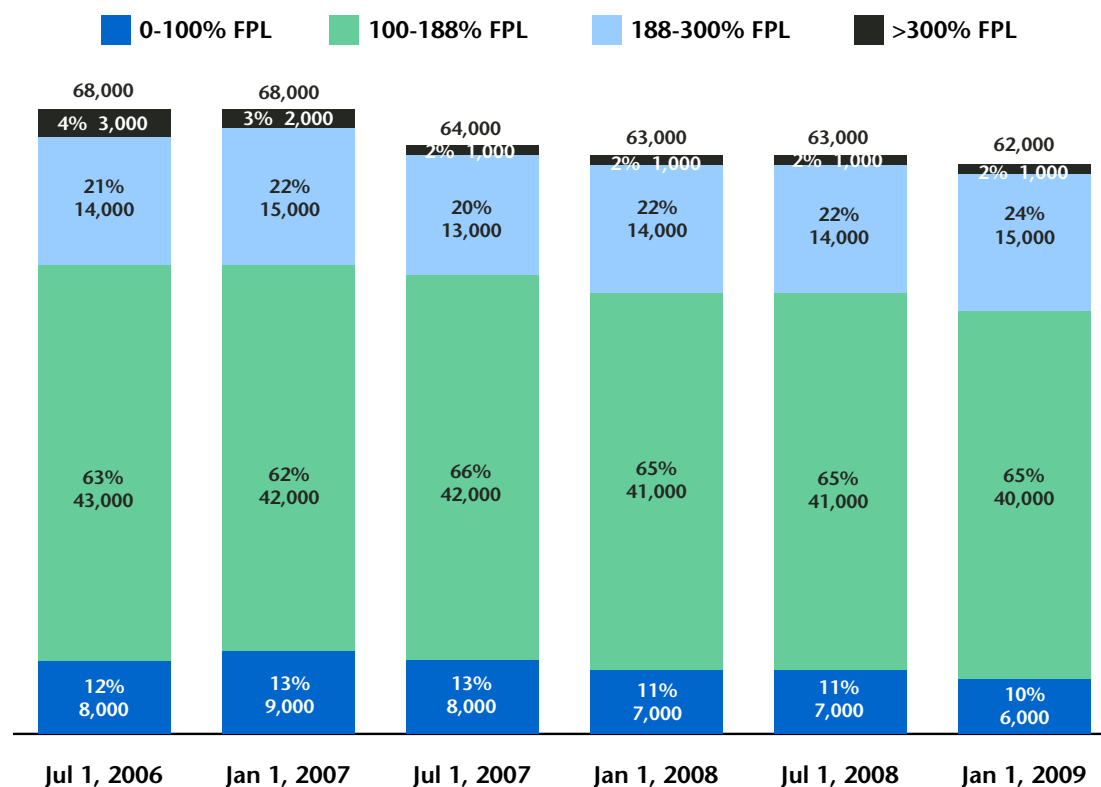


Since June 30, 2006, MassHealth members ages 65 and older enrolled in Senior Care Options (SCO) increased from 4% to 11% of total enrollment for this age group.

The proportion of seniors with MassHealth coverage residing in nursing facilities (including both those enrolled in SCO and those not enrolled in SCO) declined from 24% to 21% in this same period.

Notes: "FFS"= fee for service. Numbers may not sum to totals due to rounding.
Source: MassHealth Monthly Enrollment Snapshot Report as of December 2008.

Enrollees in Prescription Advantage Ages 65+ by Percent of FPL



Approximately 7% of Massachusetts residents ages 65 and older are enrolled in Prescription Advantage.

Three-quarters of those enrolled have incomes at or below 188% of the federal poverty level.

Enrollment declined after Medicare Part D was implemented in January 2006, but has declined at a slower rate since continuous open enrollment became available in August 2007.

Note: Numbers are rounded to the nearest thousand and may not sum to totals.

Sources: Massachusetts Executive Office of Elder Affairs; US Census estimates from July 1, 2007 used to calculate the percent of Massachusetts residents ages 65 and older enrolled in Prescription Advantage.

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